Ethical Issues for Psychological Practice in a Large Organisation

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Abstract

Societies in general have had a long-standing concern with the ethical behaviour of professionals. The current study described the role codes of ethical behaviour have played in the development of professions such as psychology. Various ethical theories were discussed, including two approaches that have been focussed on psychology: Principle and virtue ethics. The evolution of psychology’s professional associations in Australia and other English speaking countries was outlined together with the development of ethics codes which set minimum standards of expected ethical behaviour and aim to protect psychologists’ clients. While overseas studies have found that the ethical issues many psychologists report as most troubling are confidentiality and dual role relationships, these studies typically sample counselling or clinical psychologists. Very few studies have investigated the ethical issues confronting Australian psychologists who work in organisations. The primary aim of this study was to identify, categorise and analyse the ethical issues confronted by psychologists employed in an Australia-wide organisation. Seventy-eight psychologists working in the Australian Defence Forces (ADF) were surveyed on a range of ethical beliefs and practices. They were also invited to describe real-life incidents from their work in which they had perceived an ethical conflict. The survey results showed that whilst the sample agreed on a number of ethical issues there was also a marked lack of consensus on a broad range of beliefs and practises that are regularly dealt with by ADF psychologists. The ethical dilemmas described by the psychologists were categorised according to four different frameworks identified in the literature. These were based on two empirical studies (MacKay & O’Neill, 1995; Pope & Vetter, 1992), the three ethical principles of the APS
Code of Ethics (2002) and Kitchener’s (1984) ethical principles for psychologists. Quantitative and qualitative results suggested that, for psychologists working in an organisation, the dual relationships intrinsic to such a working environment generate a range of ethical issues, particularly related.
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STUDENT DECLARATION

I declare that this report does not incorporate without acknowledgement any material previously submitted for a degree in any university, or other educational institution; and that to the best of my knowledge an belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Glen G.W. Menezes
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Chapter One – Ethics, Professions, and Ethics in Psychology

1.01 Background to the Professions

In recent times there has been an increased focus on ethical behaviour by professionals such as psychologists and psychiatrists (Francis, 1999). In part this has been because of publicity surrounding inappropriate interactions between individual professionals and their clients. There is also an implicit acknowledgement that the client-professional relationship needs regulation, rather than relying solely on professionals behaving in an ethical manner for purely altruistic motives. Dyer (1999) and others have argued that accountability is now more critical to professional-client relationships than an automatic expectation of ethical behaviour from professionals. The concern with ethics - what is morally right or wrong, good or bad - has placed greater emphasis on professionals behaving in an ethical manner and with due regard to the rights and concerns of their clients (Coady & Bloch, 1996; Pope & Vasquez, 1998; Welfel, 1998). Client rights and the need to demonstrate professionalism have ensured that ethical standards remain at the forefront of the debate about improving standards of behaviour by professionals.

At the core of the concerns about the behaviour of professionals are concerns about the standards of services and the accountability of those who hold themselves out to be ‘professional’. When a professional agrees to take on clients "he professed or avowed a technical competence based on a tradition of learning; and, further, he declares himself to be morally accountable for this expertise" (May, 1980, p. 205). Nevertheless, standards and accountability for the professional are not modern phenomena.
1.02 Antecedents of Modern Codes of Behaviour

The ancients too were concerned about the accountability of those who held themselves out to possess a special skill or knowledge and who sought to provide a ‘service’ to paying customers. Indeed, it is evident from earliest times that developing a code of behaviour appears to have been a pre-requisite for widespread acceptance, and conferring the status of a profession, in a field of endeavour. Acceptance by the members of these standards, as well as adherence and enforcement of these standards, ensured widespread trust in the professionals and the profession itself. The theocracy, physicians, and lawyers were amongst the earliest ‘professionals’. In some societies, the same individual was all three, while in others there was some combination of the three (Siggins, 1999).

The Code of Hammurabi, adhered to by physicians in Ancient Egypt around 2000 BC, described standards and accountability required of its practitioners (Pryzwansky & Wendt, 1999). Whilst the ancient Egyptian physicians operated by the Code of Hammurabi, the Greeks gave modern society the Hippocratic Oath (around 400 BC). The Hippocratic Oath is the basis of modern codes of practice and behaviour not only of medical practitioners; it has also been influential in the development of the codes of other health professionals. In Europe and Asia as civilizations became more advanced and professional services came to be delivered, codified standards of behaviour were developed. Physicians in India (first century AD), China (seventeenth century AD) and Persia (eighteenth century AD) were expected to abide by statements of expected behaviour (Pryzwansky & Wendt, 1999; Siggins, 1996). Other service providing groups also had regulatory mechanisms: in the European Middle Ages the Episcopate and Monastic Orders had their own codified rules (Bloch & Pargiter, 1996; Pryzwansky & Wendt, 1999; Siggins, 1996).
Standards and accountability determine whether or not the service provider has behaved in a manner that is assessed as being “right” and in the best interests of the customer rather than him or herself. Ethics is the term that is generally attached to this concept. In the context of groups of professionals, ethics are expressed as a codified set of standards of expected behaviour, which are enforceable on members of the profession. There are many definitions of what constitutes ‘ethics’. One of the most succinct definitions of ethics comes from Pryzwansky and Wendt (1999) who cite the Beauchamp and Childress (1994) definition of ethics: “a generic term for ways of understanding and examining moral life” (p.126).

1.03 Codes of Ethics and Professions

Codes of ethics are thought to be a salient and defining factor of what constitutes a profession (Pryzwansky & Wendt, 1999). Indeed, codes of ethics are what set apart an occupation from a profession. However, professions have tended to be imprecisely defined, and codes of ethics are compiled as the final step in this process of distinguishing a profession from an occupation. Although it has now become possible to make this distinction, definitions of a profession have proved difficult to formulate. As a bare minimum, professions are thought to consist of a basic body of abstract knowledge that recognised an exclusive competence to practice and an ideal of service (Francis, 1999).

In recent times there has been a proliferation of ‘professions’ and codified standards of behaviour have generally been offered as the *sine qua non* to support the status claim. Businesses, industry, social services, entertainment as well as the learned professions, such as medicine, the clergy and law, have well publicised and longstanding codes of practice. These have arisen not only in response to calls for accountability, but also from a desire by the members of these groups to be seen to be
behaving in an altruistic manner, for the greater good of society – what Francis (1999) has called virtuous behaviour. Whilst it is generally accepted that the clergy, medicine and law are professions, criteria for distinguishing between an occupation and a profession are not clear cut, nor is this ambiguity a recent phenomenon (Dyer, 1999; Peterson, 1997; Pryzwansky & Wendt, 1999; Siggins, 1996).

1.04 Conventions About the Nature of Professions

Peterson (1997) citing Hickson and Thomas (1969), posits certain criteria as being defining characteristics of professional occupations:

Some of the criteria were substantive in nature (e.g., skill based on theoretical knowledge, requirements for education and training). Others were normative (e.g., expectation of altruistic service, adherence to a code of conduct). Some had to do with role relationships (fiduciary client relationship, loyalty to colleagues). Still others were concerned with organisational matters (e.g., establishment of a professional society licensure). (p. 30).

There are also less prescriptive approaches to defining professions. According to Dyer (1999) “a profession may be defined by (1) its knowledge, technology, and expertise; or (2) its ethics and values” (p. 67). However, these definitions lack the rigour and clarity provided by Peterson’s (1997) citation of Flexner’s (1915) more comprehensive ideas about defining professions. According to Flexner (1915), the conditions which must be met for an occupation to have the status of a profession are:

(a) The objectives of professional work are definite and immediately practical.
(b) Educationally communicable techniques for the attainment of those objectives are available.
Applications of techniques involve essentially intellectual operations, and practitioners exercise responsible discretion in matching techniques to individual problems.

The techniques are related to a systematic discipline, such as science, theology, or law whose substance is large and complex and hence ordinarily inaccessible to laymen.

Members of the profession are organised in some kind of society, with rules for membership and exclusion based in part on professional competence.

The aims of the professional organisation are at least in part altruistic rather than merely self-serving, and entail a code of ethics whose sanctions are also invoked along with those of competence, in determining membership in the society and therefore legitimate practice of the profession. (Peterson, 1997, pp. 30-31).

This definition adds to the dimensions of accountability and protection of the client by expanding upon the idea of a profession being a science with individual human applications, and that its practitioners are scientist-practitioners. The definition includes elements of exclusivity of knowledge, ensuring that this knowledge is passed on in a systematic manner and that those who possess this knowledge are banded together in an exclusive ‘society’. Finally, and by no means the least, is the emphasis on a code of altruistic behaviour which is enforceable on members of the society. In its entirety this definition encompasses protections for both the client and the profession. The definition also ensures that the services delivered are evaluated and improved so that the client has access to the best service at all times, all the while ensuring that clients are protected.
Codes of ethics also serve other purposes. In addition to protecting the public from incompetent practitioners, they can also serve to advance the interests of the profession and represent principles based on a social contract with the society at large (Dobson & Breault, 1996; Dunbar, 1996). Codes of ethics, with severe sanctions for violation of the code, also serve to self-regulate the profession.

1.05 Conceptualisation of Ethics

Many moral philosophers consider ethics to be based on universal principles from which the correct behaviour can be reasoned (Haas & Malouf, 1995). Codes of expected behaviour, more commonly referred to as codes of ethics, are sets of minimum standards that are widely shared conventions amongst members of the profession, to do what the members of the profession consider to be “right”. These shared conventions are drawn from the norms of the wider society in which professionals operate. There are many cultural, social, religious and moral traditions from which these norms are derived. There are, however, some near-universal norms: ‘telling the truth’, ‘do not kill’, and ‘do not steal’ are societal norms in many cultures. Amongst the professions ‘respecting privacy’ and ‘protecting confidential information’ are considered to be norms (Beauchamp, 1999). It is from these widely accepted norms that codes of ethics are drawn.

Professionals assume a very special obligation with their clients that is distinct from those of one individual interacting with another. This is especially so for those in the helping professions where an individual is in a vulnerable position vis a vis the professional. As a result of this unbalanced relationship the professional assumes a special obligation, known as fiduciary obligation, to ensure the welfare of clients (Pryzwansky & Wendt, 1999). It is arguable that because of this special duty, there is an “obligation over and above that of the lay person to act in an ethically consistent
manner” (Kitchener, 1984, p. 43). What are these obligations and how are they derived? Simply put, they derive from the common morality of the society (Beauchamp, 1999). These codified obligations are more generally known as a code of ethics. Most modern codes of ethics can be traced back to one of the earliest and most widely known of these codes, the aforementioned Hippocratic Oath which was written about 400 BC. The Oath, which was written by members of the profession, “mentions the obligations of the professional not only to the profession but also to members of the society. The Hippocratic Oath advocated many of the ethical principles and values that are key concepts in modern codes of ethics”. (Pryzwansky & Wendt, 1999, p.123).

1.06 Ethical Theories

From a moral philosophy perspective, there are many theoretical systems of ethics. Ethical theories or perspectives differ in terms of the basic premises on which they are based. Some theories emphasise utility. The object of utilitarian ethical theories is to promote “human welfare by minimising harms and maximizing benefits” (Beauchamp, 1999, p.27). These principles underlie many of the codes of ethics adopted by the various professions including many of the more ‘modern’ professions. Central to this theory is that an individual would act for the greater good while harm is minimised. In terms of consequences, a utilitarian orientation promotes decisions where-in the greatest good for the greatest number is achieved. In contrast, a deontological orientation assumes that certain decisions or actions are intrinsically right or absolute. Thus, deontological theories view rules as absolute regardless of the relationship with the person or the context. In terms of guiding professional behaviour where principles often conflict, it is difficult to construct codes of behaviour where there is little room for resolution of competing demands so that
following a moral principle (such as always telling the truth) could lead to immoral acts (Kitchener, 1984).

1.07 Ethical Theories for Psychology

There are many ethics theories. Beauchamp (1999) and Kitchener (1984) have canvassed some of the theories which are implicit in psychiatric and psychological ethics. Both, with support from Bersoff (1996), argue that principle ethics offer a better alternative than the other ethical approaches in the context of professional psychology. Jordan and Meara (1990) also offer an alternative, virtue ethics. Principle and Virtue ethics will be discussed below.

1.08 Principle Ethics

It is generally accepted that codes of behaviour or codes of ethics derive from higher level norms or principles (Beauchamp, 1999; Bloch & Pargiter 1999). These principles differ from the reflexive or intuitive response to what ‘one ought or ought not to do’. This form of reasoning is based on beliefs, acquired knowledge, societal norms and previous ethical responses (Kitchener, 1984). In daily life this form of moral intuition makes good sense, especially in circumstances which require instant decisions with moral implications. Beauchamp (1999) and Kitchener (1984) make the case that in professional settings such intuitive moral decision making is insufficient to provide guidance in difficult circumstances, when there are no self-evident directions in making intuitive moral decisions. In many circumstances there are contradictory and ambiguous pathways arising from societal norms, laws and professional rules (Kitchener, 1984). In such cases there is generally time for reflection and evaluative thinking to consider various directions and assess various ethical options. In these circumstances higher level norms, such as more fundamental
ethical principles, or *Principle ethics*, offer a framework for evaluating ethical options and assist in decision making (Kitchener, 1984).

*Principle ethics* emphasise “the use of rational, objective, universal, and impartial principles” (Jordan & Meara, 1990, p.107) in dealing with clients and in resolving ethical conflicts. Beauchamp (1999) and Kitchener (1984) have argued that principles offer a more consistent framework for evaluating options open to a psychologist in dealing with problematic situations, as well as guiding behaviour. Kitchener (1984) citing Beauchamp and Childress (1979) has argued that there are five core principles which guide the professional behaviour of professionals, while Koocher and Keith-Spiegel (1998), synthesising from many sources, have argued in favour of nine core ethical principles for psychologists. Kitchener (1984) has proposed five principles she considers most critical in psychology: Autonomy, Beneficence, Fidelity, Justice and Nonmaleficence. The following are the nine principles Koocher and Keith-Spiegel (1998) have suggested: Doing no harm (non-maleficence); Respecting autonomy; Benefiting others; Being just; Being faithful; According dignity; Treating others with caring and compassion; Pursuit of excellence; and, Accepting accountability. The first five are identical to Beauchamp and Childress (1979), whilst the four latter principles are aspirational characteristics for individuals and bear many resemblances to the virtue ethics proposed by Jordan and Meara (1990) which are discussed below.

The five principles proposed by Beauchamp and Childress (1979) are not hierarchically based principles but rather individual principles which enable evaluation of the different action options when a problematic situation exists. *Autonomy* as a principle in ethics is the right to freely choose (or not choose) to take a decision without any external influence (Beauchamp, 1999). According to Kitchener
(1984) autonomy includes two aspects. The first aspect reflects an individual’s right to act as they please, so long as others’ rights are not impinged. Second, that in doing so, an individual will respect others’ rights to also act as they please. Thus this principle would apply to both the professional psychologist as well as the client. At the practical level embedded within this principle are concepts that include the right to privacy and confidentiality, informed consent, and respect for individual differences. The limitations implied by the second aspect acts as a brake on an individual’s choice of free will: if that individual expresses a desire to harm another then that individual would lose the right to privacy and confidentiality. There is also an implied conflict within the principle – the right to freedom of choice against infringing upon the rights of others. There are also other restrictions to practical applications of the principle: the competence of autonomous individuals to make informed decisions. The question is posed: What of those who are not competent to make rational decisions (e.g., children, mentally ill people) in many areas of the application of psychology? (Kitchener, 1984).

Beneficence is described as ensuring a client is dealt with in such a manner as to ensure that the client gains some benefit from that dealing. The definition of the principle is different from another important ethical principle (described below) in that it is not limited to the concept of ‘doing no harm’. This principle is important in psychology as it promotes the welfare of the client. Fundamental to this concept is the requirement for the psychologist to ensure that the psychologist is competent to provide the service being sought, a principle that is well enunciated in many modern codes of ethics. There is the potential for conflict with the principle of autonomy, for example, by acting against the client’s right to make autonomous decisions. In this
circumstance, taking the principle literally could lead to acting in a paternalistic manner thus usurping that individual’s right to autonomy.

_Fidelity_ is arguably basic to all professions, in that the professional is expected to behave in a faithful manner, without deception and respecting the confidentiality of the client. The principle encompasses the notion of respecting the rights of the autonomous person and acting in a manner to ensure that this is carried out in a fair and trustworthy manner. Examples of derivatives of this principle includes the concept of trust and fulfilling of contractual obligations. Confidentiality is a core concept in the practice of psychology, and flows from this principle as confidentiality is critical to maintaining trust with a client. To act in a deceptive manner (such as in research or in counselling) would be considered a breach of this trust. Informing clients of the limits of confidentiality and the limits of psychological practice are also considered crucial to the application of this principle (Beauchamp, 1990; Kitchener, 1984).

_Justice_ as applied in a professional setting involves dealing with a client in a fair and equitable manner. Kitchener (1984) argues that psychologists are fundamentally concerned with promoting the dignity and worth of the individual. In order to achieve this justice is essential. Actions consistent with the principle of Justice include distributing services in an equitable and fair manner, and in respecting individual differences. This principle is generally not clearly articulated in codes of ethics.

The fifth principle has been derived from Hippocrates who was amongst the first of the philosophers to urge those in the helping professions to ‘above all do no harm’ either intentionally or unintentionally. _Nonmaleficence_ encapsulates this concept and is arguably the primary principle of professional practice being “a
stronger ethical obligation than not benefiting clients” (Kitchener, 1984, p.47).

Examples of Nonmaleficience include harmful aspects of counselling (as opposed to mild discomfort in counselling), the misuse of psychometric test results, the controversy of diagnosis and the uses and misuse of diagnoses, and faulty therapies or practices. This principle is less clearly articulated in codes of ethics, in part because it is not always evident what constitutes harm or under what circumstances harm is justified. Some aspects are well covered in codes of ethics, for example use of psychometric tests, whilst others, such as the benefits of diagnosis, are not addressed.

Beauchamp (1999), Bersoff (1996) and Kitchener (1984) have argued that in addition to being the basis of many ethical rules in modern professional codes, principle ethics is a valuable tool for addressing ethical issues which arise in professional practice. These principles are not absolute nor are they hierarchically ordered. Largely, this is because of the prima facie nature of the principles.

Kitchener (1984) defines the legal concept of prima facie as meaning “something (e.g., a contract) that establishes an obligation unless there are special circumstances or conflicting and stronger obligations” (p. 52). Circumstances arise where these principles conflict with each other. In many cases to act in accordance with one principle (autonomy) would violate another principle (fidelity). Although these principles are not absolute they are flexible and provide relevant, consistent advice for consideration of difficult issues (Beauchamp, 1990; Kitchener, 1984). Beauchamp (1999) indicates that these principles are “serviceable as a basic starting point and source for reflection on cases and problems” (p. 40).

1.09 Virtue Ethics

Jordan and Meara (1990), in attempting to argue the drawbacks and inconsistencies of principle ethics, have argued that principle ethics are too narrow in
their characterization of ethics and are professionally limiting. Further, using principle ethics to resolve ethically challenging situations may not result in a workable resolution but could “risk becoming primarily abstract thought puzzles” (Jordan & Meara, 1990, p.108). They do not, however, see principle ethics as sufficiently flawed to warrant replacing. Instead, they propose a complementary ethical system, known as **virtue ethics**, which can be defined as: “is a set of ideals to which professionals aspire and involve more than moral actions. It involves the professional’s ideals, motivation, emotion, character, and moral habits” (Pryzwansky & Wendt, 1999, p.127). The difference between principle and virtue ethics is one of focus, a focus that Jordan and Meara (1990) believe is “significant and could have implications for the professional development and practice of psychologists” (p.107). They further argue that these are not competing approaches but “the distinctions … represent a matter of focus, emphasis and orientation… (Jordan & Meara, 1990, p. 108).

According to this perspective, there are four virtues: prudence, integrity, respectfulness and benevolence. The moral character of the professional rather than the decision making is emphasised in this perspective, as character “provides the basis for professional judgment” (Jordan & Meara, 1990, p. 107). Jordan and Meara (1990) argue that these virtues could be internally formed by the professional, so that virtue ethics attempt to answer the question: “Who shall I be?” (p.108). Contrasting the two approaches Jordan and Meara (1990) state that “whereas principles reflect guides for decision and action, rules and code of conduct, virtues reflect the internal composition of character” (p. 109).

Critics of **virtue ethics** argue that whilst it could be complementary to **principle ethics** there is a flawed assumption that “moral virtues are synonymous with
moral ideals” (Kitchener, 1996, p.93). Indeed, proponents of virtue ethics would argue that there are some essential virtues which are necessary in order for professionals to be ethical (Bersoff, 1996; Kitchener, 1996). If the argument about the possession of certain virtues is that there are certain desirable character traits, which strongly overlap with personality traits, then “our tasks may be to carefully select students who already possess the right character traits” (Kitchener, 1996, p.96), as the essential first step in ensuring ethical behaviour. Jordan and Meara (1990) concede that there are some difficulties in the primacy of virtues, and assessing competing values and a process for identifying, defining, manifesting and perpetuation of virtues.

1.10 Critique of Ethical Perspectives.

Bersoff (1996), whilst initially acknowledging the benefits of utilising a virtue ethics approach, has pointed out serious flaws with the approach. He has argued that this approach has been largely irrelevant in the adjudication of cases by the Ethics Committees of the American professional body of psychologists. There is also substantial overlap between principles and virtues, and that confronting ethically problematic situations is unavoidable, regardless of one’s character. Most importantly, however, there are concerns that the use of this approach in resolving problematic ethical situations “can lead to aberrant, if not problematic, resolution of ethical conflicts” (Bersoff, 1996, p. 86).

Recent published decisions regarding unethical behaviour by psychologists adjudicated by the Psychologists Registration Board of Victoria (PRBV) have essentially tested the concept of *virtue ethics*. These cases have addressed issues at the core of virtue ethics: a professional’s ideals, motivation, emotion, moral habits and most importantly *character*. 
Character is one of the eligibility criteria in order to be registered to practice as a psychologist in some states in Australia. In Victoria at the time of registration, one must satisfy the PRBV that one is “of good character” before being allowed to practice. In three recent determinations by the Board, psychologists were barred from practising on the grounds that their character was such that it was not in the public interest for them to continue practising (PRBV 2000, 2002a, 2003).

The difficult issue of what constitutes “good character” is one the PRBV has grappled with, and they consulted legal precedent for a viable definition. The definition of good character adopted by the Australian courts, and the PRBV, rests on moral standards or qualities that are demonstrated in the way an individual acts, along with motives. There is an important distinction that is recognised in determining whether or not a particular behaviour demonstrates the make up of one’s character. The distinction is made that such action must prove “improprieties by the practitioner are simply errors of judgement limited in their scope and transient or demonstrate a still enduring fault of character” (PRBV, 2002a, p.11). In three cases where the psychologists have been deregistered, the PRBV was of the view that their actions were such that the actions were not errors of judgement but that the behaviour demonstrated that their character was primarily responsible for their actions.

It was further deemed that this character was so ingrained that the individuals represented a danger to the community, and that they should be disbarred from practicing as psychologists (PRBV, 2000, 2002a, 2002b, 2003). When two of those psychologists re-applied for their licence to practice, the Board rejected both applicants in 2002, before finally allowing one applicant to practice, but under strict conditions, when he reapplied late in 2003 (PRBV, 2004a). In rejecting the applications the Board took the view that whilst it was possible for changes of
character to occur over time, time alone was not a sufficient indicator that of change for the better. Attitude and suitable demonstrations of changed character would be required: “good character is claimable by the passage of time since inappropriate conduct, indicative of bad character, and the adoption of suitable expressions of moral fibre and attitudes consistent with those of professional probity” (PRBV, 2002a, p.22). In the case of the individual who was allowed to return to practice, the Board was persuaded that he was now of good character, and that he had, in fact, demonstrated “real and genuine further changes…by both effluxion of time and the efforts made by the practitioner” (PRBV, 2004a, p. 52).

In the reasoning behind the determinations as to what constitutes good character, the PRBV acknowledged some of the difficulties and criticisms such as those made by Bersoff (1996). The PRBV also acknowledges the underlying criticism by both Kitchener (1996) and Bersoff (1996) with the admission that “the test is whether the applicant is of “good character”, not whether he or she is of “bad character” (PRBV, 2002b, p.20).

1.11 The Ethical Debate in Psychology

The concern with the ethical behaviour of professionals is brought about by both the members of the professions themselves, and their clients. In the United States, Canada, the United Kingdom and Australia there has been a vigorous debate about ethical behaviour and other ethical issues amongst psychologists, psychotherapists, and the medical and psychiatric professions. The debate is summarised below.

In the United States of America, Kitchener (1984) sparked a philosophical debate amongst psychologists which has been enjoined at both the applied and philosophical level. At the philosophical level, this debate has been about the
limitations of codes of ethics and the advantages and disadvantages of utilising
principle ethics or virtue ethics approaches in guiding the behaviour of psychologists
(Bersoff, 1996; Jordan & Meara, 1990; Kitchener, 1984; Kitchener & Anderson,
1996; Meara, Schmidt, & Day, 1996). At the applied level, there has been an ongoing
debate relating to issues of privacy, confidentiality, privilege, boundaries and other
topical issues (Bersoff, 1999; Haas, Malouf, & Mayerson, 1986; Keith-Spiegel &
Koocher, 1985; Mappes, Robb & Engels, 1985; Pope, Tabachnick & Keith-Spiegel

In Canada, when the Canadian Psychological Association introduced its *Code
of Ethics* in 1986 there was much debate not only about the structure of the Code but
the need for such a code and how it would be applied (Eberlein, 1987; Sinclair,
Poizner, Gilmour-Barret & Randall, 1987). The Canadian Code has aimed to not just
set out an expected standard of behaviour from its members, but also to be a tool for
educating prospective members, providing guidelines to resolve ethical conflict, and
keeping abreast of currently developing areas of practice (Sinclair et al., 1987). Since
then the Canadians have revised their code and there is much ongoing discussion and
debate about its utility, including the addition of minimum and idealized standards of
behaviour (Sinclair, 1996; Pettifor, 1996).

In the United Kingdom, Lindsay and Colley (1995) reported a study of the
ethical dilemmas faced by members of the British Psychological Society, which has
been replicated with psychotherapists (Lindsay & Clarkson, 1999). In Australia,
Pryor (1989) initiated a debate about the applied ethics of Australian psychologists, a
debate that has continued for more than a decade (Bishop & D’Rozario, 1989;
Davidson, 1995; Kelly, 1998; Knowles & McMahon, 1995; McMahon, 1992; Pryor,
1991; Sullivan 2002). In the fields of medicine and psychiatry there continues to be a
discussion about professional ethics (Bloch, Chodoff & Green, 1999; Camp, 1994; Coady & Bloch, 1996; Coverdale, Bayer, Isbell, & Moffic, 1992). Welfel and Lipsitz (1984) and others have regularly led debates about the ethics of psychotherapists (Welfel & Lipsitz, 1984; Welfel & Kitchener, 1992; Welfel, 1998).

1.12 The Profession of Psychology

Psychology has not been immune to rigorous debate regarding ethical issues. The interest in ethical behaviour has evolved ostensibly because of the potential psychologists have to do harm to those with whom they work, as well as to prevent others claiming to have certain skills which could exploit those whom psychologists are attempting to serve (Koocher & Keith-Spiegel, 1998; Pope & Vasquez, 1991; Welfel, 1998). In attempting to prevent harm and exploitation of clients, the effect has been to define psychology as a profession.

1.13 Is Psychology a Profession?

Peterson (1997) has argued that since its inception psychology has met the criteria to be entitled to call itself a profession using the definition provided by Flexner (1915). Given its historical roots, this is hard to refute. Yet, establishing that psychology is a profession has not been easy. Peterson (1997) has documented the journey of psychology from the laboratory to the clinic:

Psychology has had more trouble than most disciplines in defining itself as a profession. By the lofty ideals of its academic tradition, professional work has often seemed more of an embarrassment than an achievement. Psychology began as philosophy, established its independence as a natural science, and developed its first significant applications as a science-profession. These evolutionary shifts have demanded basic redefinitions of identity not required, say of medicine, which was always directly concerned with improving human
health, or law, which has always focussed on the immediate human
application of legal codes. (p. 29).

Pryzwansky and Wendt (1999) and others have argued that it was not until psychology developed a code of behaviour for its practitioners that it fully qualified as a profession, having fulfilled the conditions detailed earlier. Having gone through the evolution from philosophy via laboratory to the clinic, psychology can claim to have met the criteria (a) to (d) (see p. 4) of Flexner’s definition. It was to be some time before criterion (e) could be met, but by early in the twentieth century, societies were being formed in the US and UK. Once these societies began forming, codes of ethics soon followed, thus fulfilling criterion (f). The development of codes of behaviour for psychologists will be examined in further detail below.

1.14 Psychology’s Professional Associations

Psychology as a separate profession began to emerge in the late nineteenth century. In academia, the laboratory and the clinics where the profession of psychology was developing, the need for a professional body to advocate on behalf of psychologists was realised early on (Pryzwansky & Wendt, 1999). Professional bodies were perceived by early psychologists as a way of sharing ideas, developing common standards and differentiating themselves from others purporting to offer similar services, but without the training, qualifications or expertise of psychologists.

Although this evolution took separate forms in different parts of the world, a common element has been the formation of a professional body. In 1892, the American Psychological Association (APA) was formed by psychologists in the United States. Other Anglophone countries soon followed: the British Psychological Society (BPS) was formed in 1901; the Canadians formed their Canadian Psychological Association (CPA) in 1939; in Australia, the Australian branch of the
BPS was formed in 1945 and the New Zealand branch of the BPS was constituted in 1947. In Australasia psychologists formed separate societies by separating from the BPS: the Australian Psychological Society (APS), was formed in 1966; and in 1967, the New Zealand Psychological Society was given legal form. Formation of a professional body serves many functions, both for the individual, and the group of professionals who are members. Amongst the advantages are the opportunities for exchange of ideas and information in both formal and informal settings, representing the profession to external agencies and to governments, and promoting the profession (Pryzwansky & Wendt, 1999). Amongst the promotional benefits in terms of public relations as well as self-regulation is the existence and enforceability of ethical codes (Dunbar, 1996; Pryzwansky & Wendt, 1999; Sinclair, 1996). In most parts of the world the professional body ensured autonomy for the profession, but by the latter half of the twentieth century, the profession of psychology was regulated by governments in a number of countries (Cooke, 2000; Pryzwansky & Wendt, 1999; Sinclair, 1996). Many of the regulatory bodies have also produced codes of ethics for those registered to practice in their jurisdictions (Psychologist Registration Board of NSW, 1997; PRBV, 1997). These associations and regulatory bodies attempt to convince the wider community that the profession has the capability to deliver the highest standards of service whilst possessing the capacity to enforce standards and discipline on all of its members. Critics of professional organisations such as these have argued that by their strict eligibility criteria for membership a closed shop is created, whereby outsiders are excluded from entering the profession. The counter argument is that by having such strict entry level criteria coupled with enforceable codes of behaviour, the wider community is offered assurances of protection.
Although the profession of psychology took a variety of paths, the growth of psychology in most countries after World War Two was exponential. Whilst American psychologists’ involvement in developing intelligence tests for use with large populations during the First World War was influential in demonstrating the applicability of psychology, it was during the Second World War that the widespread application of psychology accelerated in both the Allied and Axis nations (Ashburner, 1946; Owens, 1977). In Europe, America and Australia the growth continued when the war ended.

Pryzwansky and Wendt (1999) have argued that three factors were responsible for this growth and that these factors contributed to the development of a code of ethics for psychology, at least in the US: “The success of psychology as a profession in providing war-related services, the resulting potential to apply psychological principles in various segments of society, and the publication of the Nuremberg Code of Ethics in Medical Research” (Pryzwansky & Wendt, 1999, p.123). The pressures which led to the formation of professional organisations were also responsible for these organisations generating codes of ethics as it was becoming apparent that membership of the professional body alone did not ensure virtuous practice by its members.

1.15 Evolution of the American Psychological Association’s Code of Ethics

In 1938, a working committee of the APA commenced work on reviewing Scientific and Professional Ethics but it was not until 1947 that a decision was taken to begin work on a Code of Ethics. Whilst the earlier committee had investigated and dealt with complaints of unethical behaviour of some of its members, there were no clear guidelines or standards by which it could operate in assessment and enforcement of standards of behaviour (Canter, Bennett, Jones & Nagy, 1994; Koocher & Keith-
Spiegel, 1998). Contemporary concerns about establishing the legitimacy of psychology as a profession as well as regulation were also behind the development of the APA’s *Code of Ethics* (Canter et al., 1994)

The APA used a quasi-empirical approach to develop their *Code of Ethics* (Koocher & Keith-Spiegel, 1998). This Code was implemented on a trial basis for three years, commencing in 1953 (Canter et al., 1994). It consisted of “six broad categories that contained a total of 310 rule elements (162 “principles” and an additional 148 numbered “sub principles”)” (Canter et al., 1994, p.11). The refining of the initial 162 principles has been a continuous process since. There have been seven revisions of the Code to reflect changes in practice, technology and current societal norms. The current APA Code, entitled *Ethical Principles of Psychologists and Code of Conduct* (2002), effective from 1 June 2003, contains 5 general principles and 10 ethical standards. For the first time, the APA Code (2002) contains the five general principles Kitchener has argued for since 1984, reflecting the persuasiveness of the argument that underlying principles best reflect ethical intentions, behaviour, ethical practice and utility in resolving ethically troubling situations. Significant in this evolution of the APA’s Code has been its title: in 1953 it was known as *Ethical Standards of Psychologists* to its present day *Ethical Principles for Psychologists and Code of Conduct*.

The APA Code, as the oldest code of ethics in the profession of psychology, has been the model on which other code of ethics have been based, in psychology as well as in other professions (Canter et al., 1994). Indeed, its empirically based approach influenced the development of the Canadian and Australian Codes. Until these countries developed their own codes, they relied on the APA Code as an unofficial code to guide their practice (Dunbar, 1996; O’Neil, 1987).
1.16 An Australian Code

Psychologists in Australia have long been concerned with the ethical practice of psychology. From its formative stages as a profession, during and after the Second World War, psychologists were concerned about the ‘professionalism’ of the practice of psychology. After World War Two there was a rapid expansion of the profession, largely based on the wartime contribution of a number of psychologists, many of whom had served in the Armed forces or in the public sector in support of the war effort. Those who served in the Armed Forces moved into the wider society, some returning to academia to set up schools of psychology in the Australian Universities (Cooke, 2000; O’Neil, 1987; Owen, 1977). This rapid expansion led to interest about the status of the profession and concerns about the behaviour of those holding themselves out to be psychologists. In academia there were concerns about the information that psychologists collected and used for both research and practical purposes. These concerns generated the contemporary view that regulation of the profession would resolve many of the perceived problems (O’Neil, 1987). Cooke (2000) has made a similar argument, citing the regulation of the profession as the precipitating issue which led to the formation of the Australian Branch of the British Psychological Society (BPS), the forerunner of the modern Australian Psychological Society.

Initially, concern about improper behaviour was manifest in the focus on the appropriate training and practice by those claiming to be psychologists. In the 1940’s, in particular, the emphasis was on ensuring that only those with the appropriate academic training could practice as psychologists. However it was realised that academic qualifications alone do not ensure ethical practice or deliver a professional service. Efforts to codify ethical principles began to emerge as early as
1949 in Australia - a process that predated a similar situation in the United States and differentiated the profession from its British ‘parent’ (Cooke, 2000). At that time the BPS had determined that there was no requirement for its own code, seeking other means of resolving essentially identical issues.

Vexations about unethical practices were a consideration in the development of codifying ethical principles. Early practitioners’ concerns involving practices such as psychological testing of children without consent and the disclosure of these test results. Such issues were precursors to the application of the principles of informed consent and confidentiality to psychological practice. Academics also became concerned with the ethics of experimental design, data collation and dispersal (O’Neil, 1987). In debating and reflecting on these fears Australian psychologists were attempting to set themselves apart from many who claimed to be psychologists but who were considered to be “charlatans” (Cooke, 2000, p. 85).

Cooke (2000) has described the Australian Branch’s development of standards of behaviour by its members in 1949. O’Neil (1987) was of the view that although it was modelled on the APA code it was “rather general…but not as tightly knit” (p.81). Indeed, it was a fairly general statement urging psychologists to behave in an ethical manner (Cooke, 2000). Given the general nature of the APS Code of Professional Ethics it is not surprising that there were difficulties with enforcement. In the late 1950’s and early 1960’s there were concerns about the claims being made in advertisements about the competence of individual psychologists, as these psychologists sought to advertise their services and solicit for business (Cooke, 2000). The appropriateness or otherwise of advertisements aside, a significant gap in the early Code was the lack of any enforcement provisions in the Society’s rules of membership at the time, so there was little that could be done about those touting for
business (Cooke, 2000). In any event there was no enforceability on those who were not members of the Branch (Cooke 2000; O’Neil, 1987). Whilst the answer to the latter was State regulation of the profession, there were also moves to tighten the rather general nature of the Code. The result was the 1960 revision. It was to be a long time before Australia-wide regulation of the profession was introduced.

As stated earlier, in the early stages of the development of the profession of psychology in Australia psychologists worked largely in academic and public sector settings (e.g., the Armed Forces). The leaders of the profession were predominantly from academia. Consequently the early attempts to regulate the profession had a predominantly academic flavour focussing on professional solidarity, and on issues relating to the acquisition and handling of research data and treatment of research data participants by psychologists. These are the dominant themes of both the 1949 and 1960 Codes (Copies of both appear as appendices in Cooke, 2000).

This 1960 *General Principles of Professional Conduct* bore many similarities to that in use by the APA and consisted of aspirational statements as well as limitations on the practice of psychology both in the applied as well as academic settings. When the Branch formally separated from the BPS and formed the Australian Psychological Society (APS) in 1966, the Code was re-written by a committee of the Society. This committee was dominated by psychologists working in academic settings. The committee re-worked the Code based on the contributions of the members of the committee rather than the wider body of psychologists. One member of that committee, a well known academic, Keith Taylor, has described the process like this:

we worked tremendously hard at trying to imagine situations that might arise where there was uncertainty about what was ethical for a psychologist to do in
that situation, and trying to make the code cover all contingencies we could possibly think of, without being too restrictive (Cooke, 2000, p.189).

To keep abreast of the societal changes and reflecting the nature of the profession a substantially revised Code was introduced in 1986. There were a number of drivers for the change. By the late 1960’s, State Governments had begun regulating the profession with sanctions in place for delinquent psychologists. However, many States had no regulatory mechanism to cover psychologists. With this in mind the APS had set up a Committee of Ethical and Professional Standards (CEPS) largely to deal with complaints from the public about the behaviour of psychologists who were not covered by State regulation (Cooke, 2000). By the 1970’s and 80’s psychologists were moving into private sector industry and private practice, although the public sector and universities remained large employers of psychologists (Noble, 1983). As a consequence, complaints were being increasingly received about the practice of psychologists working in non-Government organisations (Cooke, 2000). In the survey undertaken by Noble (1980), and presented to the CEPS, there were many ethical difficulties reported by non-academic psychologists. When combined with the complaints lodged by members of the public, the APS was now in a position to gain a wider perspective on the ethical issues confronted by psychologists. The impetus was now for a code to more accurately represent current thinking and practice.

The 1986 *Code of Professional Conduct* can be said to have been developed using an empirical approach not dissimilar to that of the APA. What emerged was a Code which was more prescriptive. Limitations to professional practice and behaviour were added to the aspirations of the earlier version. O’Neil (1987) has argued that the revisions of 1966 and 1986 represented “less concern with combating
dubious practice than with exploring the details of professional practice” (p.84).

Since then there have been further revisions to the APS Code, with updates reflecting current practice, the latest being in 2002 (APS, 2002a). The General Principles first introduced in 1986 remain the primary feature of the Code.

The Code enunciates three General Principles (Responsibility, Competence, and Propriety) which are expanded by eight sections (Psychological Assessment Procedures, Relationships with clients, Teaching of Psychology, Supervision and Training, Reporting and Publication of Research Results, Public Statements and Advertising, and Members’ Relationships with Professionals). The Code is complemented by a series of guidelines which “clarify and amplify the application of the principles established in the Code and to facilitate their interpretation in contemporary areas of professional practice” (APS, 2002b, p. 4).

1.17 Other English Speaking Countries

Although the Australian Branch of the BPS generated a code of behaviour for psychologists the parent organisation decided it did not need rules or guidelines for ethical behaviour. Indeed, the BPS first introduced its own code of ethics as late as 1985. The focus in Britain was very much on obtaining a Royal Charter, which provided it with status and acceptability as well as a regulatory mechanism unique to Britain (O’Neil, 1987). The latest edition of the BPS Code contains many of the features contained in both the APS and APA codes.

Dunbar (1996) has traced the development of the profession of psychology in Canada. Largely as a result of organisational and geographic problems the CPA did not develop its own Code for some time. It was not until the mid 1970’s that the CPA was able to resolve these difficulties. Once resolved, it accelerated the process of the professionalisation of psychology in Canada. Sinclair et al. (1987) have described
the process of development of the CPA’s *Code of Ethics*, which was introduced in 1986. Setting out to achieve four particular objectives and drawing inspiration from the process in which the APA Code was developed, the CPA Code was generated:

based on the resolution of hypothetical dilemmas by practising psychologists…it was purposely written to address different areas of psychology, helping ensure its wide applicability. It has an explicit set of problem resolution steps which are easily taught, and which have helped to ensure that it is has been broadly disseminated…(Dobson & Breault, 1996, p.213).

The four objectives of the CPA Code were that it should be conceptually cohesive so that there was an explicit link between ethical standards and ethical principles. This would aid application and education of new members of the profession. The second objective was to ensure that it addressed recently developed areas of practice (a deficiency common to both the APA and APS codes). The third and fourth objectives were to offer its practitioners explicit guidelines on resolving issues in the day to day practice of psychology, especially in areas where ethical principles conflicted or ethics and etiquette were inconsistent with regard to each other (Sinclair, 1996). Since the introduction of the Canadian Code in 1986 it has been revised in 1992 and 2000. It now has a preamble and four principles: Respect for the Dignity of Persons; Responsible Caring; Integrity in Relationships; and, Responsibility to Society.

The New Zealand Psychological Society’s Code of Ethics contains a blend of objectives, ethical principles and descriptions of services and rules for applying different aspects of psychology and the code itself (e.g., Research with Humans; Psychological Assessment) (Francis, 1999). Recently the New Zealand Code was
revised, drawing heavily on the CPA Code (1991) and dilemmas faced by registered psychologists (Williams, 2004).

1.18 Utility of Codes of Ethics

The main themes of most professional ethics codes are "to promote the welfare of consumers served, to maintain competence, to protect confidentiality and/or privacy, to act responsibly, to avoid exploitation, and to uphold the integrity of the profession through exemplary conduct" (Keith-Spiegel & Koocher, 1985, p. 3). To varying degrees the different codes set out to meet these objectives. However, the mere existence of a code does not ensure that members will behave ethically or indeed that “members will behave consistently with the code” (Dobson & Breault, 1999, p.212). There are many reasons why this does not occur, some of these reasons will be discussed below.

One of the reasons why codes do not prevent unethical behaviour may in part be due to the code attempting to be all things to all psychologists (Koocher & Keith-Spiegel, 1998). Some authors have suggested that codes fulfil a narrow objective. Authors such as Dobson and Breault (1996), Koocher and Keith-Spiegel (1998), Pettifor (1996), Sinclair (1996) and others have argued that codes of ethics serve as a social contract between a profession and the committee? Regulatory bodies? Clients?. Others have made a case for multiple functions. Amongst the functions of a code according to Koocher and Keith-Spiegel (1998) are:

(1) to promote the welfare of consumers served, (2) to maintain competence, (3) to do no harm, (4) to protect confidentiality and privacy, (5) to act responsibly, (6) to avoid exploitation, and (7) to uphold the integrity of the profession through exemplary conduct. (p. 27).
There are other functions as well: public relations, clarifying use and misuses of skills, a source of education for new members of the profession, sanctioning and removing unethical practitioners, educating the public about what to expect from the profession, codify standards so as to reduce conflict amongst members, and provide a basis for State regulatory authorities (Koocher & Keith-Spiegel, 1998). The numerous functions that codes are supposed to serve tends to draw the criticism that there are too many functions to be useful. In doing so there are internal consistencies built into the codes such that there are so many interpretations as to lessen the utility either to the public or the professional.

Chief amongst the criticisms of ethical codes are that they serve to protect the profession from external regulation. In effect codes can become narrow, conservative compromises rather than repositories of ideal standards of behaviour (Kitchener, 1984). Other criticisms include: “they are time limited. Issues that are at the cutting edge of the profession or arise after the publication of the code are not discussed. In addition they cannot address every possible ethical issue a professional may encounter” (Welfel & Kitchener, 1992, p.179). Nevertheless critics of the codes concede that they do have utility, provide sanctions for transgressors and most importantly that they “provide one level of justification for not taking certain actions” (Kitchener, 1984, p. 46).

1.19 Ethical Dilemmas

Whilst codes of ethics do offer a set of standards and expectations of ethical behaviour there are occasions when choosing a number of different courses of action could lead to both good and bad consequences. Problematic situations in which choosing any of the available paths is unwelcome are generally known as ethical dilemmas. Ethical dilemmas have been defined as a “conflict between the rightness
or wrongness of the actions and the goodness or badness of the consequences of the actions” (Ross, 2003). A number of situations occur in the daily practice of psychology which could potentially place a psychologist in a difficult position vis a vis ethics codes. On some occasions, this could be a conflict between one or more of the ethical principles or between an ethical principle and another obstacle (such as legal requirement). This implies an acknowledgment that there is a recognition that there are conflicting responsibilities held by the psychologist. Kitchener (1984) views a dilemma as a “situation in which there are good reasons to take different courses of action” (p.53).

MacKay and O’Neill (1992) have contributed to understanding situations which are problematic ethically, but where there is no conflict of ethical principles. They have argued that as well as ethical dilemmas, many psychologists have to deal with *Mixed Dilemmas*. As they define them, *Mixed Dilemmas* occur when “the decision maker is pulled in one direction by ethical considerations, but that direction is blocked by some other obstacle” (p.235). These obstacles can include the legal system, employers’ demands, inter-profession relationships, and inadequate resources (MacKay & O’Neill, 1992).

Codes of ethical conduct are used to illustrate the reasoning/decision-making processes involved in resolving an ethical issue. Pryor (1989) has used the APS *Code of Professional Conduct* to illustrate resolving an ethical dilemma. Keef (1993a) used Kohlberg's theory of moral development to resolve the same dilemma. Pettifor (1989) used both the CPA Code and Kohlberg's theory to demonstrate the decision-making process in resolving ethical dilemmas.

Several authors have suggested decision-making models in resolving ethical dilemmas (Koocher & Keith-Spiegel, 1998; May, 1980; Tymchuk 1986). May (1980)
writing from a philosophical perspective has suggested at least five questions that need to be asked in attempting to resolve an ethical dilemma. The first of these questions are *What is going on in the case?* The response here should attempt to link the facts to the ethical questions involved as well as facing up to what he has termed 'neglected' (or conveniently overlooked) facts. *By what criteria should decisions be made?* Pertinent issues here are being aware that ethical codes are just one of many sources by which a decision is made. One must also be aware that ethical codes tend to emphasise technical competence at the expense of other perspectives in ethical decision making. These include religious and philosophical perspectives. *Who should decide?* Some of the considerations in answering the question include the often difficult issue of informed consent by the client, and by other professionals (including management in an organisational context) involved in the case. *For whose benefit does the professional act?* The broad spectrum of ethical concerns which have bedevilled psychologists, indeed all professionals, are raised when seeking to answer this question. The question inevitably gets answered in favour of the client. Nevertheless the question is a crucial one when considering an ethical dilemma. *How should the professional decide and act?* The two part answer to the question should include considerations of procedure and personal values and style.

Koocher and Keith-Spiegel (1998) have suggested an eight-step model by which to arrive at an ethical decision. Writing very much for psychologists their model encompasses most of May's (1980) model, and is designed to be answered with the APA's *Ethical Principles for Psychologists* in mind.

Both models have much to recommend them. May's model, with its philosophical orientation, is applicable to daily ethical behaviour and practice,
whereas the Keith-Spiegel and Koocher model represents an approach to addressing specific ethical dilemmas.

The CPA Code, recognising that psychologists turn to the Code to assist with resolving dilemmas, have compiled their Code accordingly with both hierarchically arranged principles as well as seven decision-making steps (CPA, 2000). There are, however, limitations to this approach, as noted by Malloy and Hadjistavropoulos (1996):

The presence of this explicit decision-making process while useful and (perhaps) necessary, combined with the almost prescriptive hierarchical organisation of the code may allow for decision to be made without an understanding of as to why a given principle (e.g., Respect for the Dignity of Persons) is considered by most as more important than any other principle. (p. 187).

Williams (2004) has argued that using either a code or a decision making model to solve ethical dilemmas is difficult because they do not take into account the context or extenuating factors (such as organisational pressure, peer/team pressures) which may be the basis of some problematic ethical decisions.

Codes and decision-making models set out to achieve the best outcome in an available set of circumstances. That the CPA and New Zealand Codes both incorporate resolution steps is indicative of the complexity in resolving the difficult and the unusual. Resolving ethical dilemmas are essentially an attempt to please three masters: the profession, the client and expected standards of behaviour.

Summary

In this chapter it was argued that there was been a long-standing concern with ethical behaviour of professionals in the helping professions, such as psychologists,
but that this concern is not a recent phenomenon. From earliest times high standards of ethical behaviour were expected of those holding themselves out as possessing a specialist skill. The evolution of these expectations was traced through the emergence of professions, what constitutes a profession, and the pivotal nature codes of behaviour play in the development and expectations of professions and professionals. Conceptualisation of ethics was discussed as were ethical theories, including two competing theories in the profession of psychology: principle and virtue ethics.

The evolution of psychology’s professional associations in Australia and other English speaking countries was traced. Critical phases of the evolution of professional associations included resolving concerns about professionalism and interest in developing a code of behaviour to protect the client as well as set minimum standards of expected ethical behaviour (via codes of ethics). The development of codes of ethics in Australia and other English speaking countries was also traced. The benefits and drawbacks of codes of ethics were discussed as well as their utility. The use of codes of ethics was discussed in the context of resolving ethically troubling situations.

It was argued that the move towards professionalism demanded higher standards of behaviour from members of the profession. As part of this professionalization, occupations first formed professional societies and then drew up codes of behaviour. The development of the profession of psychology was discussed as well as the codes of behaviour that were developed by the profession in Australia and other English speaking countries. The utility of a code of ethics in ensuring ethical behaviour and in resolving ethically troubling incidents was also discussed.
Chapter Two – Ethics in the Practice of Psychology in the Military

It has been argued that the existence of a code of ethics do not prevent ethical violations. Nor does the existence of a code preclude the emergence of ethically troubling circumstances. In this chapter the ethically troubling situations which are generic to the profession of psychology will be discussed. The differences between what psychologists consider to be ethically troubling and ethical misbehaviour of psychologists will be discussed. The ethically troubling issues of Australian psychologists, those working in the organisations and in the military will then be canvassed. The rationale for the study and its aims will be presented.

2.01 Ethical Issues in Psychological Practice.

There has been much discussion in the literature of the range of ethical issues confronting psychologists in daily psychological practice. Although many of the codes of ethics were developed from empirical data collected about the ethical issues confronted by psychologists, there are still many situations which are ethically, legally and professionally difficult, and confronting for psychologists. This would suggest that the codes of ethics do not completely reflect the complexities of the day to day practice of psychology in modern times (Haas et al., 1986; Kitchener, 1984; Koocher & Keith-Spiegel, 1998). Confidentiality, Dual Roles (including sexual relationships between psychologists and clients), Competence, Assessment, and Advertising are but a sample of the issues which psychologists indicate are difficult issues they confront in practice (Haas et al., 1986; Lindsay & Colley, 1995; Pope & Vetter, 1992; Pryor, 1989).

Confidentiality has been the most prominent of the ethical issues which concern psychologists in their day to day practice of psychology and this has been reflected in studies conducted in both the USA and the UK (Lindsay & Colley, 1995;
Pope & Vetter, 1992). In Australia this issue has been the subject of much discussion (Collins & Knowles, 1995; Davidson 1995). Although confidentiality has figured as a prominent ethical issue there is a broad range of ethically troubling issues confronting psychologists. Pope and Vetter (1992) were able to classify 23 separate issues, from 703 ethically troubling incidents. In the UK studies there has been a similar range of ethically troubling incidents. Most of the ethical issues identified were common to both sides of the Atlantic (Lindsay & Colley, 1995; Lindsay & Clarkson, 1999).

2.02 Confidentiality

A definition of Confidentiality is provided by the APS: “Confidentiality refers to the secrecy of information obtained in the relationship of trust (a ‘fiduciary’ relationship) between a psychologist and a client” (APS, 2002b, p.15). The protection of the secrecy of information is considered to be one of the canons of psychological practice. Psychologists’ interaction with their clients is based on the critical premise of confidentiality for establishing trust (Koocher, 1995). Such is its importance that the relationship may flounder without a guarantee of secrecy, as it “is essential to a professional relationship between a psychologist and a client” (APS, 2002b, p.15). Koocher (1995) has argued that “without an assurance of confidentiality many potential clients might not seek psychological services. Once services are sought, the lack of confidentiality might lead to concealment of information, resulting in ineffective treatment or compromise in rendering consultative opinions” (p. 158). Davidson (1995) has extended this argument:

Maintaining confidentiality is said to have beneficial outcomes for the client and for the psychologist because: it promotes trust and, through trust, an effective therapeutic relationship; it results in the collection of unbiased
research data; it engenders a positive perception of the psychologist’s practice in future clients, and thus actively encourages business; and it’s a legally and professionally defensible way of dealing with clients (p. 155).

The codes of ethics of the APA, the CPA and APS are quite explicit about the issue of confidentiality. The APS is perhaps the most direct: “Members must respect the confidentiality of information obtained from clients in the course of their professional work” (APS, 2002a, p.1). The APA describes confidentiality as a “Primary Duty” of psychologists (APA, 2002, 4.01), whilst the CPA urges its members to “Be careful not to relay information…gained in the process of their activities as psychologists, that the psychologist has reason to believe is considered confidential by those persons…” (CPA, 2000, I.43). In spite of the explicitness of the statement of the expectations, confidentiality has been a difficult issue for psychologists. In part this difficulty arises because the concept is not well understood by both the psychologist and the client (most codes mandate that it should be negotiated at the commencement of the professional relationship), but also because the right to secrecy is not enshrined in Australian law either by statute or in common law (APS, 2002b). Whilst some information may be protected by law, such as the prohibitions on the release of certain types of information, there are other types of information that must be disclosed according to certain laws (e.g., mandatory disclosure of child abuse). Adding to the complexity of the issue are the legal consequences of unauthorised disclosure of information by the psychologist. Such disclosure could “result in professionals being liable for negligence as well as the possibility of being sued for damages” (APS, 2002b, p.15). The already complex concept is further clouded when psychologists work in different places or under different conditions of employment. For example, a psychologist employed by an
organisation has a duty to both the client as well as the organisation. Is there an equality of rights to confidentiality in such circumstances? Although the APS has stated that “the duty of confidentiality is the same regardless of place or conditions of employment” (APS, 2002b, p. 15) there is a recognition of the difficulties so that it is accepted by the APS that “professional action may vary according to specific circumstances” (APS, 2002b, p. 15). This recognition contributes to the complexity and ambiguity of the idea of confidentiality. It is therefore unsurprising that confidentiality is the pre-eminent issue of debate and discussion, remaining at the forefront of ethical issues in daily practice.

Haas et al. (1986) and Pope and Vetter (1992) reported the ethically problematic issues confronted by members of the APA. Confidentiality rated high amongst the issues confronted by the psychologists who responded to the surveys. This was also found in studies conducted in the UK by Lindsay and Colley (1995) and Lindsay and Clarkson (1999). The former study reported the ethical issues confronted by British psychologists, whilst the latter study was conducted with British psychotherapists (the authors state that in the UK psychotherapists may be psychologists, but those with other professional qualifications may also use the title of psychotherapist). Confidentiality also featured as a significant issue for psychologists practising in one of the provinces of Canada in the study reported by MacKay and O’Neill (1992). In the survey of APA members Pope and Vetter (1992) report that 18% of the ethically troubling incidents for psychologists were related to confidentiality. The BPS membership reported confidentiality as ethically troubling in 17% of the cases reported by Lindsay and Colley (1995). For British psychotherapists the reporting rate was a much higher 31% of respondents (Lindsay
& Clarkson, 1999). In all three studies, confidentiality was the most ethically troubling issue of concern to the participants.

2.03 Dual Relationships

Dual Relationships also feature prominently amongst the ethically troubling issues confronting psychologists. Some of the researchers have used this term as a catch-all category to refer to inappropriate relationships between psychologists and their clients and between psychologists and others with whom they interact in their daily practice (such as superiors and other professionals). These types of incidents are also referred to as multiple relationships, boundary issues, or blurred relationships (Smith & Fitzpatrick, 1995). On some occasions the nature of the relationship is inappropriate social, business or professional relationships, while at the more extreme end are sexual relationships between psychologists and their clients. These types of dual relationships are problematic because of the risk of harm to clients due to the potentially incompatible behaviours which could result from differing roles (Smith & Fitzpatrick, 1995). This category of ethically troubling incidents features second to confidentiality in ethically troubling incidents for US psychologists and British psychotherapists (Lindsay & Clarkson, 1999; Pope & Vetter, 1992). In a recent survey of the beliefs of psychologists in Australia dual relationships were reported as being unethical (Sullivan, 2002).

The APS, APA and CPA Codes of Ethics are explicit in defining what constitutes dual relationships and why they are unethical. There are also specific relationships which are defined as problematic, and there are certain types of relationships which are forbidden. For example, sexual relationships with current clients. The APS has also mandated that there must be, at minimum, a two year
period between the end of the professional relationship and entering into such a relationship with a former client.

The complexity of modern social interactions between psychologists, employers, clients, colleagues, other professionals, and the communities in which they live, generates problematic circumstances for psychologists and their clients. Although sexual relationships are at the extreme end of the spectrum there are a number of other relationships in all areas in which psychologists work in which the boundary between ethical and unethical conduct is blurred. The APS’s ethical guidelines make it clear that “it is the responsibility of the psychologist to establish a clear framework for working with the client” (APS, 2002b, p. 39).

In the studies reported in America and Britain there were differing categorisations used in differentiating dual relationship and sexual issues. Still, 17% of APA members and 12% of British psychotherapists rated dual relationships as the second most troubling ethical issue they confronted (after Confidentiality) (Lindsay & Clarkson, 1999; Pope & Vetter, 1992). Sexual issues tended to rate much lower, at 4% of respondents in the APA study, and 8% and 6% amongst British psychotherapists and psychologists, respectively, reflecting perhaps the differentiation of sexual relationships from other forms of dual relationships (Lindsay & Clarkson, 1999; Lindsay & Colley, 1995; Pope & Vetter, 1992). In a survey of the ethical beliefs of Australian Psychologists, Sullivan (2002) reported that greater than 90% of respondents believed that sexual or erotic contact with clients was “unquestionably unethical” (p. 137) and that greater than 94% of respondents reported that they had rarely or never engaged in such activities. Given the potential harmfulness of professional-client sexual relations, one could also expect an underreporting of sexual
issues in such voluntary surveys; many researchers have acknowledged this possibility (Smith & Fitzpatrick, 1995; Sullivan, 2002).

2.04 Other Ethically Troubling Issues

The incidence of other issues which psychologists have reported as ethically troubling have generally been below 10% of the dilemmas reported. Amongst APA members Pope and Vetter (1992) were able to identify 23 separate categories of ethically troubling issues. The first and second ranking of these have been discussed above. The third most prominent issue reported was Payment sources, plans, settings and methods (14%). Academic settings, Teaching dilemmas and concerns about Training (8%) was fourth most prominent, followed by Forensic psychology (5%). Ranking equal sixth were four separate issues which each accounted for 4% of ethically troubling issues: Research, Conduct of Colleagues, Sexual Issues and Assessment. Fourteen other categories of ethically troubling issues, each accounting for 3% or less, followed. Issues such as Competence (3% of dilemmas), Questionable or harmful interventions (3%), Supervision (2%) and Industrial-organizational psychology (1%) were amongst these issues.

BPS psychologists, in the Lindsay and Colley (1995) survey, reported 21 separate categories of ethically troubling issues. Confidentiality was ranked first with (17%); the other 20 categories accounted for the remaining 83%. Second was Research (10%) and third, Questionable interventions (8%). Equal fourth were Colleagues’ conduct and School Psychology accounting for 7% each. Amongst the remaining ethically troubling issues Sexual issues accounted for 6% of those reported, Organisational psychology 5%, Dual relationships 3%, Payment matters 3%, Competence 3%, and Supervision 3%.
Unlike Pope and Vetter (1992), Lindsay and Colley (1995) present the occupational breakdown of the psychologists who reported ethically troubling incidents. One third of the respondents who presented ethically troubling incidents were clinical psychologists, 15% were Academics/Researchers, 13% were classed as Student/Trainee, 10% Educational psychologists, 7% Occupational psychologists, 7% Counselling psychologists and 2% Psychotherapy. There were also 8% who did not specify an occupation and 5% of respondents were classed as ‘other’.

Lindsay and Clarkson (1999) present the top six categories of ethically troubling issues to British psychotherapists. As has been stated, Confidentiality (31%) was clearly ranked first, followed by Dual Relationships (12%), Colleagues’ Conduct (9%), Sexual issues (8%), Academic/Training (6%) and Competence (6%).

2.05 Client Complaints Against Psychologists

In the category of dual relationships, sexual relationships between psychologists and their clients has attracted much attention in the literature on professional ethics as an example of ethically inappropriate conduct (Akamatsu, 1988; Anderson & Kitchener, 1996; Borys & Pope, 1989; Welfel & Lipsitz, 1984).

The Ethics Committee of the APA reports annually the ethics complaints, in the brought against members and the results of the adjudications on these complaints. In 1988, this Committee reported on the trends in the preceding 5 years the nature of these adjudications and complaints (Ethics Committee APA, 1988). This report noted that the largest number of cases in which they had made findings involved dual relationships, and that “the most frequent type of dual relationship reviewed by the committee is sexual intimacy between therapist and patient” (Ethics Committee APA, 1988, p. 567). The Committee’s reports in the years since indicate that sexual relationships between psychologists and their clients remain the subject of the most
serious complaints (Ethics Committee APA, 1994; 1995; 1998; 1999; 2001) and the single largest category of termination of membership by the APA in every year from 1992 to 2003 (Ethics Committee APA, 2004; 2003; 2002). Indeed in the cases which resulted in termination of membership of those adjudicated to have breached the APA’s Code of Ethics, 16 of 35 dismissals were for sexual misconduct, 9 were for other nonsexual dual relationship, 7 were for Insurance/fee problem 3 were for ‘other’ (Ethics Committee APA, 2001). In the most recent report of the Committee, the 2003 data indicated that it is still the highest ranking of complaints reported and adjudicated (Ethics Committee APA, 2004). Other professions have also reported the issue of dual relationships as one of their more troubling problems (Borys & Pope, 1989; Gabbard, 1999).

Psychologist–Client sexual relationships have long been recognised as harmful for the client, because of the immense harm it may potentially cause the client (Smith & Fitzpatrick, 1995). Ethical codes have contained absolute prohibitions forbidding sexual contact between psychologists and their clients. For example in Section B of the APS Code of Ethics, there is an explicit statement to this effect: “Sexual relationships between psychologists and current clients must not occur…” (APS, 2001, p.3). The circumstances in which such interactions occur can also result in criminal and civil legal action (Ethics Committee APA, 1988). Many such cases are also the subject of complaint to regulatory authorities. In Victoria, for example, 13.3% of complaints received by the PRBV in 2002 were of sexual misconduct by psychologists who were registered to practice in that state (PRBV, 2004b). There are strong sanctions in place by the societies, and regulatory authorities: namely cancellation of membership or license to practice, respectively. There have also been well publicised cases where professionals have been banned from practice (Ethics
Committee APA, 2001). In Victoria, the PRBV’s decision to de-register a psychologist for having a sexual relationship with a client was upheld by the Supreme Court (PRBV, 2002a). Despite these sanctions the behaviour continues: as Bersoff (1999) points out in 1997, the APA Ethics Committee (1998) reported “that the largest single category of unethical behaviour in cases that ended in the loss of membership was sexual conduct” (p.977) (Bersoff, 1999, p.277).

In their 1987 study of the self-reported practices and beliefs of psychologists, Pope, Tabachnick and Keith-Spiegel found that “surprisingly, over half (61.9%) have unintentionally disclosed confidential” (p. 1003) information about their clients. Even though confidentiality rated highly amongst psychologists as ethically troubling incidents when surveyed, in terms of client reported breaches of confidentiality, although of concern, it rates somewhat lower in comparison to other issues. For example, in the trend first noted by the Ethics Committee of the APA in 1988, confidentiality ranked fourth, and continues to rank outside the top three issues most complained about by clients (Ethics Committee APA, 1994; 1995; 1998; 1999; 2001). In Victoria, in 2003, confidentiality breach complaints to the PRBV ranked equal fifth behind Standards of Practice (28.9%), Bias in reports (15.7%), Conflict of Interest (9.7%), and Consent (7.2%); the other issues which ranked fifth were complaints about the qualifications of psychologists and sexual misconduct (PRBV, 2004b). Confidentiality appears to be a troubling ethical issue for psychologists, but their clients appear to be most concerned about other aspects of professional practice.

While psychologists were themselves debating the issues and their relative importance to the profession, one study of the public’s view of the perception of the absolute nature of confidentiality in psychological practice generated a finding of note. Knowles and McMahon (1995) noted that “Australian respondents did not
support total confidentiality when considering specific situations in which a psychologist might disclose information” (p. 177). They went on to observe that these findings were consistent with the findings regarding confidentiality in professions such as Psychiatry and Social Work: “members of the Australian public have confidence in psychologists’ professionalism” (p.177). This finding tends to support the observation made earlier that whilst psychologists are anxious about the concept, their clients are not as concerned with the rigidity which psychologists tend to apply the concept.

Other issues which have long caused concern in the literature have been issues related to psychological assessment, psychological interventions and ethics in research. Bersoff (1999) has canvassed the relative importance of these issues in his compendium of ethical conflicts. Along with the already examined issues of Dual Roles and Confidentiality the issue which has generated most complaints to the PRBV in three of the last four years have been on issues related to Standards of Practice: from 2000 to 2004, this issue comprised 23%, 23%, 16.7% and 28.9% respectively (PRBV, 2004b). This category encapsulates diagnosis, assessment, interventions and therapies.

2.06 Ethical Concerns of Australian Psychologists

Australian psychologists’ ethical concerns have been surveyed infrequently (Sullivan, 2002). When they have been surveyed, the results have tended to exhibit trends found in studies undertaken overseas (Noble, 1980, 1983, 1984; Sheehan, 1984). Issues such as confidentiality, invasion of privacy and institutional control of psychologist’s work have been of concern to Australian psychologists from as early as the mid-1970’s (Sheehan, 1984). This research has indicated that Australian psychologists were very much concerned with the ethics of psychological practice
while at the same time being interested in issues of confidentiality and privacy in the
count of research (Noble, 1984; Sheehan, 1984). As has been noted, some of this
research undertaken in the 1970’s was used to inform the compilation of the 1986

Confidentiality has been the subject of much concern by Australian
psychologists as reflected not only in the surveys about their ethical concerns, but also
in the discursive literature on the professional practices of psychologists. Fox (1984),
Nixon (1984) and Wardlaw (1984) in their work have sought to place the issue at the
very top of Australian psychologists’ concerns. The discussions have focussed on the
limitations that are increasingly being placed on the absolute nature of the secrecy of
information passed from client to psychologists as part of their interaction, whether
that be in research, clinical, or organisational settings.

This concern with confidentiality was re-ignited in an article published in the
about some of these issues and other ethical issues in the practice of psychology in
Australia (Bishop & D’Rozario, 1990; Dyck, 1993; Keef, 1993a, 1993b; Pryor, 1989,

Confidentiality, in its own right as an issue in psychology, was the topic for a
series of articles in the November 1995 issue of the Australian Psychologist
(Australian Psychologist, 30, 1995). Whilst it is a key ethical issue, confidentiality is
not the only issue within the profession worthy of research or debate. Indeed, it is
only one aspect of the APS’s three principles enunciated in the Code of Ethics (2002)
by which all psychologists, who are members of the Australian Psychological Society,
are bound. Propriety, of which confidentiality is a key component, has been widely
debated and researched in Australia (Collins & Knowles, 1995; Davidson, 1995; Knowles & McMahon, 1995; McMahon & Knowles, 1995; Peterson & Siddle, 1995).

Other principles of the APS Code (Responsibility and Competence) have not received similar attention, although they are just as crucial to the ethical practice of psychology. Issues such as 'appropriate use of services', 'upholding the highest standards of the profession', 'credentialing, training and maintenance of competence by psychologists', 'misrepresentation and practice beyond areas of competence', 'dual relationships' and the like are significant ethical issues but receive less attention in the literature than issues of confidentiality.

The APS Code of Ethics does not offer specific guidance on resolving these and other ethical conflicts. It is general and non specific, subject therefore to interpretation. This can and does generate much ambiguity and debate as the literature shows. Confidentiality aside, there is little in the literature which details any of the other ethical issues confronted by Australian psychologists. Sullivan (2002) in her survey of Australian psychologists replicated the findings of Pope et al., (1987), in which psychologists were invited to respond to a list of predetermined behaviours and to consider the extent to which they considered these behaviours ethical. Kelly (1998) in her research into the ethical issues confronting psychologists working in the media in Australia has commenced the process of addressing the other, no less important, ethical issues.

2.07 Psychologists Working in Large Organisations.

As the profession of psychology evolved in Australia, psychology became a profession less and less dominated by those working in academic settings. Over (1991) and Cooke (2000) have compiled data on the work patterns of Australian psychologists. In 1970 one third of psychologist in Australia were employed in the
tertiary education sector whilst the majority were employed in government settings (Over, 1991). By 1995, for a variety of reasons, the majority of psychologists were employed in non-government settings, either in private practice or in organisations in the private sector (Cooke, 2000). What is clear from the data is that psychologists are increasingly employed by large organisations.

Psychologists in one-to-one counselling/therapeutic relationships are frequently aware of boundary issues whereas psychologists employed by organisations are perhaps more vulnerable to ethical conflict as they frequently work in situations in which there are blurred boundaries, with superiors and subordinates who are not themselves psychologists. Not only are they responsible to the organisation to whom they are contracted, they are also responsible to the individual who sits across the desk (Menezes, 1992). Here lies the potential for ethical conflict to arise: the competing interests and claims of the organisation versus their responsibilities as psychologists towards their clients.

Psychologists employed in organisations are faced with meeting the sometimes incompatible demands of the organisation by which they are employed and the demands of the profession, namely the Code of Ethics (Koocher & Keith-Spiegel, 1998). One such example is a psychologist who is working for an organisation where an organisational demand for disclosure of information may not be consistent with the requirements of the Code of Ethics. For example, it is not permissible to disclose some types of information without the express permission of the person from whom that information was acquired (Johnson, 1995).

Whether in the private sector or the public, it is clear that psychologists have to grapple with a range of difficult ethical issues. Chief amongst these has been the notion of who is the client? Is it the recipient of the service provided by the
psychologist or the organisation who is employer of the psychologist the client? Nixon (1984) attempted to address this issue. This is a critically important issue in organisational settings because it is only once this question is resolved can the variety of ethical principles, codes and guidelines be turned too for guidance on resolving the plethora of ethical issues confronted in daily practice.

Lowman (1998) has chronicled examples of the range of ethical issues facing psychologist in organisational settings. Personnel selection, organisational diagnosis and intervention, managing consulting relationships, and professional training and certification are amongst the more complex compendium of issues which need to be confronted and resolved. Thus recent studies, such as those by Lindsay and Clarkson (1999) and MacKay and O'Neill (1992), are increasingly noting that rather than having to resolve pure ethical dilemmas, where ethical principles are in conflict, psychologists are becoming more concerned about resolving “tensions between the psychologist’s preferred practice, and constraints imposed by the organisation within which the psychologist works” (Lindsay & Clarkson, 1999, p. 182).

Functioning as a psychologist in an organisation can be ethically treacherous (Zelig, 1988). The Code of Ethics sets out expected standards of behaviour from psychologists - wherever they work. Behaving 'ethically' requires an understanding of the implications and applications of ethical standards to the environment in which it is being applied. As has been noted earlier, codes of ethics, the APS Code in particular, were developed very much from an academic and individual in private practice perspective. Recent revisions have only just begun to incorporate the experiences of those working in organisations.

Eberlein (1987) cites examples of the wide range of ethical concerns, in general psychology and the many sub fields of psychology, on which articles have been
published, for example: the American Psychological Association's (APA) annual
publication of cases that have raised ethical concerns through to ethical issues in
psychotherapy, school counselling, counselling, practicing in a small rural
environment, and the impact of a therapist's illness on a client. By comparison there
has been relatively little published on the ethical difficulties of psychologists working
in organisational settings or specific type of organisations. A notable exception is the
study in which Zelig (1988) documented the ethical difficulties faced by
psychologists working with police.

2.08 Psychologists in the Military.

More recently there has been some discussion of the ethical concerns of
psychologists working as uniformed members of the United States Armed Forces
(Jeffrey, Rankin & Jeffrey, 1993; Johnson, 1995; Johnson & Wilson, 1993, Orme &
Doerman, 2001; Staal & King, 2000). The military was one of the first to recognise
and apply psychology by using intelligence tests in World War One to allocate
soldiers to occupations. Psychologists assisted with the development of tests and
systems to help commanding officers with the selection and classification into
occupations of those American troops deployed to Europe (Ashburner, 1946; Driskell
& Omstead, 1989). In Australia, psychologists were employed for a similar purpose
during the Second World War. Following the conclusion of the War psychologists
were retained in uniform in the Army, and employed as civilian public servants by the

From their initial roles in personnel selection and classification the roles of
psychologist in the Australian Defence Forces (ADF) have expanded to include a
number of speciality areas of psychology. The military (Public Servants employed by
the Australian Defence Force and Uniformed personnel in the Army and Naval
Reserve) is one of the largest employers of psychologists in Australia. These include industrial / organisational psychology (psychometric testing and assessment), clinical psychology, counselling, human factors, personnel psychology, and psychological research. In many respects the practice of psychology in the military is a microcosm of the practice of psychology in the wider commentary.

There are some major differences between psychologists working for the military and psychologists working elsewhere in the community. One of the major differences between psychologists working for the military and psychologists working in private practice, or for civilian organisations, is the ability of military psychologists to influence an individual's working and living situation because of the "total environment" nature of the military (Allen, Chatelier, Clark & Sorenson, 1982).

Psychologists in organisations such as the ADF face particular challenges, not the least of which is abiding by the APS Code of Ethics. Many ethical quandaries arise, chief amongst these being questions of “who is the client?”, duty of care responsibilities, organisational requirements and war time responsibilities. Additionally, for those who are members of the Australian Army Psychology Corps, the dual status of being a uniformed psychologist, both psychologist and commissioned officer, can lead to ethically confronting situations. For example, a superior officer (non-psychologist) issuing a military order for the release of information without consent from the client. Confidentiality in these circumstances may be compromised. It was of sufficient concern to the APA that the Ethics Committee of the APA published the policy on the handling of confidentiality by US Military Psychologists (Ethics Committee APA, 1994), an issue which resulted in a proposed framework for collaboration on this matter between the US Government and Military Psychologists (Johnson, 1995).
Adherence to either the organisational demands or the professional ethical codes can place military psychologists in untenable situations vis a vis their employer (the Department of Defence), their individual client and the professional code of ethics (e.g., Johnson, 1995; Menezes, 1992; Staal & King 2000). To date there has been little formal research into some of the ethical issues involved in the practice of military psychology in Australia (Menezes, 1992; 1993).

Research in the United States, using a case-study approach, focussed on the ethical conflicts faced by clinical psychologists working in US Army Hospitals (Jeffrey et al., 1992). Again, the emphasis was very much on confidentiality issues that result from the competing demands of the organisation and the ethics code of the APA (Johnson, 1995; Johnson & Wilson, 1993). Orme and Dorman (2001) reporting a study in which US Air Force Clinical Psychologists were asked to report ethically troubling incidents found that conflicts between ethical standards and organisational demands were at the top of their concerns, closely followed by confidentiality. Almost half of those surveyed reported a conflict between ethical standards and organisational demands. These conflicts related to a range of APA ethical standards such as being asked to work in an area without appropriate training, and being asked to make inappropriate recommendations by superiors who were not psychologists (Orme & Doerman, 2001). As with their civilian counterparts confidentiality was raised as a significant issue, with 39% of respondents being confronted with issues relating to pressure to disclose information. Many of the incidents reported in this study can be anchored to the difficulties of working in an organisational setting where the complex interaction of organisational needs, the military milieu (ranks structures and ethos) and professional ethical standards (Camp, 1993, Koocher & Keith-Spiegel, 1998; Staal & King, 2002).
2.09 The Present Study

There has been much interest in ethical issues in psychology in recent times, as has been noted. Much of this interest has focussed on ethics codes and on particular ethical issues such as confidentiality and dual relationships. There have also been studies conducted on the ethical issues confronted by psychologist in the UK, US and Canada (Lindsay & Clarkson, 1999; Lindsay & Colley; MacKay & O’Neill, 1992; Pope & Vetter, 1992). In Australia there have been few such studies, recent exceptions being Kelly’s (1998) research into the ethics of media psychology and Sullivan’s (2002) exploratory research on ethical beliefs and behaviours of Australian Psychologists. As Sullivan has noted there have been “few empirical investigations of ethics among Australian psychologists…there is a clear need to systematically assess the nature and extent of dilemmas facing Australian psychologists” (p.135). There have been even fewer Australian studies that have investigated the ethical issues confronting psychologists in particular work settings (Kelly, 1998). This study’s focus was on the ethical issues confronted by psychologists working in the ADF.

The study’s aim was two-fold. First, to investigate whether there was agreement or disagreement on ethical issues between psychologists working in the ADF. Second, to elicit descriptions of ethical dilemmas that had been confronted by these military psychologists and to carry out exploratory classifications of these dilemmas.

2.09.01 Ethical Issues

There have been few, if any, studies into ethical behaviours of psychologists in organisations in Australia. Sullivan (2002) has summarised the methods used in empirical studies on ethical issues in psychology overseas Studies conducted in the
US have identified areas in which psychologists have beliefs about what constitutes unethical practice (Akamatsu, 1988; Pope, Tabachnick & Keith-Spiegel, 1988) but few have investigated the relationship between beliefs and compliance with a code of ethics. Pope, Tabachnick and Keith-Spiegel (1987) investigated the degree to which psychologists believe and comply with the APA Code, finding that “psychologist behaviour was generally in accord with their ethical beliefs” (p. 998). Sullivan (2002) replicated the method in North America by Pope and his colleagues, whereby respondents were provided with lists of “several behaviours universally agreed to be ethical or unacceptable, and a range of behaviours potentially associated with ethical issues that are common or rare among psychologists” (p. 135). There were some limitations with the response rate of participants, the specialisations and geographic location of the participants, as well as findings suggesting a variable pattern of agreement between Australian and North American psychologists on ethical beliefs and behaviour, and an unclear pattern on rare behaviours (Sullivan 2002). Corey, Corey, and Callanan (1993), Keith-Spiegel and Koocher (1998) and Welfel (1998) in their texts on ethics in the helping professions suggested inventories for self-analysis of ethical beliefs and behaviour. It is not known whether any rigorous examination of these self-analysis inventories has occurred. They, however, suggest that such inventories are a useful tool to aid in understanding ethical beliefs and for guiding ethical behaviour. As one of the aims of this study was to investigate which ethical issues military psychologists agreed / disagreed on, an inventory such as this would be useful in fulfilling this aim. It was expected that the responses to such an inventory would be a useful adjunct to understanding the ethical issues confronting psychologists in the ADF and perhaps offer an alternative methodology to that used by Sullivan (2002) [????]
2.09.02 Ethical Dilemmas

To elicit the ethical dilemmas confronting military psychologists in Australia, Flanagan’s Critical Incident technique (as cited by Goodyear, Crego & Johnston, 1992) was used. Variations on this technique have been used extensively with personnel in the engineering/human factors industry, commanders in the military, emergency services decision makers, specialized nursing carers, and psychologists (Crandall & Getchell-Reiter, 1993; Hoffman, Shadbolt, Burton & Klien, 1995; Klein, Calderwood & MacGregor, 1989; Militello & Lim, 1995). The technique has also been used extensively in research in the exploration of ethical issues confronting psychologists in daily practice (Goodyear, Crego & Johnston, 1992; Kelly, 1998; Lindsay & Colley, 1995, MacKay & O’Neill, 1992, Pope & Vetter, 1992).

It was planned that such research would identify and categorise ethical problems confronting these members of the profession. Further, it would add to the expanding body of knowledge about professional ethics, as well as adding to the ongoing debate on ethical issues in psychology.

2.09.03 Research Aims

Research Aim 1.

Using a questionnaire instrument, to identify ethical issues on which there is strong agreement (80% or greater) and on which there is less agreement (under 80%) in a sample of military psychologists. As there were no clear guidelines from the literature on numerical values to differentiate between strong, moderate or weak levels of agreement, a criterion of 80% was determined as indicating strong levels of agreement (Haas et al., 1986) and Tymchuk et al., (1982) uses the descriptors ‘strong’, ‘moderate’ and ‘weak’ to indicate degree of consensus, but do not describe the numerical values associated with these descriptors of agreement in their studies.
Sullivan (2002) used a cut-off of 90% in reporting her data on ethical beliefs and behaviour, but does not provide a description or rationale for choosing this cut-off).

**Research Aim 2.**

Using the ethical dilemmas provided by a sample of military psychologists, to compare the nature of these ethically troubling issues to those reported from the USA by Pope and Vetter (1992). The dilemmas would be categorised into general categories following those used by Pope and Vetter (1992).

**Research Aim 3.**

Using the same ethical dilemmas, to investigate whether the majority of ethical dilemmas would be categorised as “mixed” dilemmas. For psychologists working in a complex organisation such as the ADF, it was anticipated that the majority of ethically troubling issues would be a blend of ethical principles and external factors such as organisational demands. Categorising the dilemmas according to the method suggested by MacKay and O’Neill (1992), into Ethical or Mixed Dilemmas, would enable the testing of this aim.

**Research Aim 4.**

Using the same ethical dilemmas, to investigate what proportion could be classified as illustrating the APS *Code of Ethics* Principles 1, 2, and 3. Amongst the criticisms of the APS Code of Ethics, as described earlier, has been that it was written very much from an academic standpoint and consequently there is little relevance to practitioners or to psychologists working in organisations. As this study elicited ethical dilemmas experienced by psychologists working in an organisation it afforded an evaluation against the APS *Code of Ethics*. By categorising the dilemmas into the three general principles Responsibility, Competence and Propriety, the question of relevance could be investigated.
Research Aim 5.

Using the same ethical dilemmas, to investigate what proportion could be classified as explicating the five general ethical principles of Kitchener (1984). Kitchener’s (1984) five ethical principles have been accepted by the APA as being core ethical principles, incorporating these into the five general ethical principles of the most recent version of the *Code of Ethics* (APA, 2002). Categorising the dilemmas elicited from ADF psychologists into the principles of Autonomy, Nonmaleficence, Beneficence, Justice and Fidelity enabled the assessment of the universality of these core ethical principles, and investigate their applicability to psychological practice.

The literature suggests differing ways of categorising dilemmas are a means of eliciting underlying ethical issues, and thus informing the understanding of the way ethics are applied, and ethical conflicts are resolved. Categorising ethical dilemmas has been used as the basis of refining codes of ethics, as described earlier. By categorising the dilemmas in the four different ways, the utility of each framework can be determined.
Chapter Three - Method

3.01 Participants

One hundred and twenty-five psychologists employed by the Australian Defence Force (ADF) were invited to participate in the study. The Director of ADF Psychology, prior to the commencement of the study, gave permission for their participation. Participants were then contacted by letter, with the anonymous and voluntary questionnaire enclosed. Included in the letter inviting participation was a statement of support and guarantee of confidentiality from the Director of ADF Psychology. The aims and brief explanation of the project were included in the Form of Disclosure and Informed Consent, a copy is attached as Appendix A. The protocols used in parts one and two are attached as Appendix B. The completion of the questionnaire and compilation of the cases was entirely anonymous.

Seventy-eight usable questionnaires were returned (a 65% response rate), 43 were completed by males and 35 by females. This response rate is higher than is generally reported with psychologist samples, for example Sullivan (2002) reported a response rate of 30% of APS members in her study. As the questionnaires were entirely confidential it was not possible to follow-up the psychologists who did not return the questionnaire. Of the 78 who responded 57 (73%) were psychologists in the Army (28 Regular Army, 27 Army Reserve), 13 (17%) worked for the RAAF and 8 (10%) for the RAN. Fifteen were not registered to practice in any Australian state, while 18 did not hold any grade of APS membership (although State registration is encouraged, it is not mandatory for psychologists employed by the ADF as they are considered employees of the Commonwealth, under the Defence Act of 1903). The
length of time they had been working as psychologists ranged from 1 to 32 years, with a mean of 9.2 years. Of those registered to practice in a State, the mean length of registration was 6.5 years (range 1 to 23 years). Of those who were members of the APS the mean length of membership was 8.2 years (range 1 to 27 years).

Educationally, 56 had a four year degree in psychology, 19 a psychology masters degree or doctorate while 3 had a 3-year major in a psychology bachelor’s degree. In terms of occupational tasks, 36 respondents reported that their primary duties were recruiting or selection, 15 worked as counsellors, 5 were human factors specialists, 20 described themselves as generalists, 16 were in supervisory roles and 12 in ‘other’ roles (respondents could chose more than one occupational task).

3.02 Design

The study was conducted in two parts. In the first part, psychologists working within the ADF were invited to complete a questionnaire instrument relating to their beliefs about ethical behaviours in the practice of psychology with a focus on the military. In part two, psychologists were requested to identify and describe up to three cases from their experience where they had perceived the existence of an ethical conflict during the course of their employment within the ADF. The questionnaire was divided into three sections. The first consisted of demographic data. The second contained an inventory of ethical beliefs, and the third comprised the descriptions of up to three ethical dilemmas. This case-study methodology is similar to that used by MacKay and O'Neill (1992). The study was exploratory in nature and of a mixed quantitative (part one) and descriptive - qualitative (part two) design.

3.03 Materials

The demographic data sheet, self-report questionnaire and schedule inviting the participants to describe three instances where they had perceived an ethical conflict
they have experienced as a military psychologist were combined together into a single booklet. As noted, included in the letter inviting participation was a statement of support and guarantee of confidentiality from the Director of ADF Psychology. The aims and brief explanation of the project were also included in the Form of Disclosure and Informed Consent.

The questionnaire developed for this study was an inventory of ethical issues, based on a literature search (e.g., Corey et al., 1993; Keith-Spiegel & Koocher, 1998; Pope, Tabachnick & Keith-Spiegel, 1988; Pope & Vasquez, 1998; Pope & Vetter, 1992; Welfel, 1998). The questions generated were intended to elicit military psychologists' practices and beliefs over a broad range of ethical concerns. Respondents were asked to indicate the response that most closely identified their own beliefs and/or practices to each item on a 5-point Likert-type scale ranging from strongly agree to strongly disagree.

An initial 93 item questionnaire was piloted with 12 ADF psychologists, all of whom completed the questionnaire anonymously. During the pilot participants were requested to provide feedback on the appropriateness of the questions to psychologists working in the military, appropriateness to the Australian context, and completion time. Following a review of these data, and from feedback provided by the participants, the questionnaire was reduced to 59 questions which had a direct relevance to the organisation in which the psychologists were working. The major objective in refining the questionnaire was to ensure brevity and to maximize participation. This was consistent with Pope and Vetter (1992), who noted that when conducting a study where participants are required to consider and provide a response on ethical issues these factors as, well as ensuring their anonymity, are important considerations.
The questionnaire was also structured so that items were grouped together under five areas: items pertinent to the Military, Confidentiality, Dual Roles, Professional Practice and Supervision and Training. There were 26 items spread across the 3 general principles of the APS Code of Ethics – 5 addressed the principle of Responsibility (e.g., Within the organisation, I am encouraged to take full responsibility for my actions), 9 the principle of Competence (e.g., I have been required to provide services in which I have had no expertise or training) and 12 the principle of Propriety (e.g., I have broken confidence when a client has admitted planning serious harm to others). Thirty-three items were spread across 3 selected sections of the Code which were judged to be directly applicable to psychologists working in the military – 4 addressed Section A: Psychological Assessment (e.g., I am fully informed on the reliability and validity of the commonly used test batteries), 24 addressed Section B: Consulting Relationships (e.g., It would be unethical for me to take on a client about whom I had strong feelings, positive or negative), and 5 addressed Section D: Supervision and Training (e.g., Supervision [debriefing] is required on an ongoing basis).

In part Two of the study respondents were asked to identify and describe, anonymously, up to three cases from their experience where they perceived the existence of an ethical conflict.

3.04 Procedure

Questionnaires were returned in addressed envelopes to the researcher. Data from the demographic data sheet and attitude questionnaire were collated and coded for analysis. After the ethical cases were typed, each case was classified by two independent coders into four separate categories. This is elaborated further in the following sections.
3.04.01 Quantitative Data

The ethical beliefs scale had 59 items, inviting respondents to indicate the extent to which they agreed or disagreed with the statements on a 5 point Likert-type scale. When coding began it was noted that for four items many respondents had handwritten comments alongside them, challenging the appropriateness of these items. It was also noted that there were an unusually high number of non-responses to these four items. Consequently, these four items were judged to be unclear to the sample and were deleted from further analyses. Further analysis was based on the remaining 55 items. Preliminary inspection of the questionnaire responses indicated that the responses to many of the items were strongly skewed and consequently the respondents’ ratings for each item were recoded into three categories: strongly agree and agree were recoded into Agree and strongly disagree and disagree were recoded into Disagree. Undecided responses were unchanged.

3.04.02 Coding of Qualitative Data

Thirty-seven respondents did not provide any examples of situations in which they had experienced an ethical conflict, one respondent stating, “I have thought hard about this but have been unable to come up with relevant instances”. Forty-one respondents provided a total of 96 cases in which they had experienced an ethical conflict. Some of these cases were quite detailed, others merely stated the existence of an ethical conflict while providing little detail (e.g., “Interviewed when I felt quite ill and didn't believe I did as good a job as I could have”). The word count of the cases ranged from 19 words to 217 words.

The ethical conflicts experienced by the psychologists were categorised and then coded according to four different criteria. The dilemmas were categorised, first, according to the general categories used by Pope and Vetter (1992) and replicated by
Lindsay and Colley (1995), second according to MacKay and O’Neill’s (1992) categorisation of dilemmas, third according to the three APS Code of Ethics principles, and fourth according to Kitchener’s (1984) five ethical principles. Brief descriptions of these categorisation criteria follow. The definitions used in the categorisations are also listed in the appendices. A second ADF psychologist also carried out these categorisations independently. This psychologist was a senior ADF psychologist. The psychologist was provided with a copy of the APS Code, and the relevant literature. Prior to coding the definitions of the four sets of categorisation were agreed (these definitions are set out below). That psychologist had access only to the typed cases and the definitions of the categorisations but no access either to the demographic data or the questionnaire. There was a 90% agreement between the researcher and the other experienced psychologist. The items of disagreement were resolved by discussion and close reference to the definitions in the literature.

*General Categories (Pope & Vetter, 1992).*

The dilemmas were first classified according to the general themes of the dilemmas by Pope and Vetter (1992) in their study of the ethical issues facing members of the APA, and replicated by Lindsay and Colley (1995) in their survey of BPS members. Themes such as Confidentiality, Research, and Supervision formed the basic subject matter of the dilemmas reported by these researchers on both sides of the Atlantic. Three categories not used by these researchers emerged from the present study’s data: Responsibility, Dangerousness, and Informed Consent. These three extra categorisations were included in further analyses as they were judged to best encapsulate the nature of the dilemmas being described and there was no suitable alternative category identified by previous researchers. It should be noted that neither the Pope and Vetter, nor the Lindsay and Colley studies provided definitions or
described the process followed in categorising the dilemmas they categorised. A further change from these researchers’ categories was made: the category of *Discrimination* was used in place of Pope and Vetter’s (1992) use of the term *Ethnicity*, as, from examination of the ethical cases, it was judged a more appropriate label for these Australian cases. Following is an example of a case that was classified under the general category of ‘Research’.

Requests from senior officers to provide details on individuals who provided negative information in research situations. [This is a] clash of confidentiality with demand of chain of command.

*Mixed and Ethical Dilemmas (MacKay & O’Neill, 1995).*

The second classification was based on MacKay and O’Neill (1992) categories of *ethical* and *mixed dilemmas*, with the definition of an ethical dilemma being one where there is a “clash of competing ethical concerns, or the ethical principle with some other source of pressure” (p.230). An example of such a categorisation provided by a respondent was:

Client asked to socialise with me at a later date. Saw this as a direct contravention of both (1) professional code of ethics and (2) personal division of professional and social life… Saw a direct response was the best way to handle it.

A mixed dilemma is characterised as a conflict between an ethical principle and practical obstacle, such as an organisational requirement as illustrated in this example one respondent provided:

A senior officer wanted to see all [psychological] files on a soldier. I saw this as a problem, ethically, as the client had been advised that our sessions were confidential. Breach of client confidentiality was the problem here as was loss of client confidence. Conflict was breach of confidentiality versus disobeying an order.

*APS Code of Ethics’ Three General Principles*

The third categorisation was based on the three principles of the APS *Code of Ethics*: *Responsibility, Competence and Propriety*. Briefly, these are:
(1) **Responsibility** – psychologist’s foresee and take full cognisance of their actions in the use of their services and maintenance of professional standards. An example of such a case:

…the situation was a trainee with schizophrenia early in its development phase. Because this was affecting his training success and this was apparent to others … I was able to get him removed from the danger in training on training performance grounds. It was, however, much more difficult to get him to voluntarily attend psychiatric assessment / treatment. This was only partially successful – the diagnosis was confirmed, treatment was intermittent by his choice.

(2) **Competence** – psychologists are to take full responsibility for working within their areas of expertise and ensuring that they maintain appropriate skills and training. An example provided by one ADF psychologist, which was classified according to this principle is as follows:

Psychologists being requested to undertake work that they are not trained to do with inadequate or no supervision. This situation is ethically problematic because undertaking this type of work is problematic for the client and the psychologist (e.g., stress of not knowing what to do). In addition, it is extremely difficult to deal with because work is delegated by a superior officer (i.e., difficulty in refusing to do work because lack of training / experience)…

(3) **Propriety** – the welfare of clients, and the integrity of the profession take precedence over that of the psychologists. This principle includes the concept of confidentiality which is at the core of psychological practice. An example of such a classification is as follows:

A supervisor [psychologist] gave privileged information to hierarchy without informing my client that he was going to do so. I believe that my client should have been informed of the meeting and told what would be discussed and what would remain confidential. The case did include some sensitive information. Client found out about meeting and heard rumours that sensitive information was passed on to hierarchy. It turns out that information was passed by another support staff member but efforts then had to be made to regain client’s trust etc.

_Kitchener’s (1984) Core Ethical Principles._

The fourth categorisation was based on Kitchener’s five core ethical
principles, which are *Autonomy, Beneficence, Fidelity, Justice* and *Nonmaleficence*.

Following are definitions of the five principles with an example case of each principle provided by the respondents follows:

(1) *Autonomy*: “respecting the rights of others to make autonomous choices, even when we believe they are mistaken, as long as their choices do not infringe on the rights of others” (Kitchener, 1984, p.46).

Sexual harassment revealed... in confidence. This was relatively easy to resolve by persuading the three women to speak in confidence on a Saturday morning with a senior officer who agreed not to take action which revealed his sources. The women refused to lodge a formal complaint - but the harassment was stopped, and the information they provided made it possible for the senior officer to arrange to catch the offenders in the act.

(2) *Beneficence*: contributing positively to the client’s health and welfare.

Critical Incident Stress Management - advising local authorities of a service person (not Australian) who was having difficulty and needed to be watched. Didn't really trust judgement of medical staff... Fear of breaching trust in Critical Incident Stress Debriefing process. Need for assistance for individual as no close psychology support would be available...

(3) *Fidelity*: whereby it is expected that the professional will behave in a consistently faithful manner.

Marijuana usage (illicit drugs) military law makes this an illegal act - yet if I told anyone (breached confidentiality) no one (clients) would trust me. Confidentiality / professional standards here are more important than military / civil law. There is no requirement in civilian setting to disclose this. Military personnel wanted to discharge one of the members and asked me for information - obviously no information given but the drug usage did explain some behaviours [of the client].

(4) *Justice*: Dealing in a fair and equitable manner with clients.

Client who I suspected was physically abusing child. [agency] ... was advised. Client was very angry... Responsibilities were clear, but a difficult situation for a young psychologist in a small military environment where contact with clients outside barracks is common...

(5) *Nonmaleficience*: encapsulates the concept of doing no harm to clients.

... It involves the conflict of interest with being a psychologist and being directly involved in interrogation training. This involves providing advice to
the interrogator on how best to exploit the individual under interrogation. Is it 'misusing' our professional competencies? On the face of it, it can contravene our supposed role as a caring, sharing, empathic profession. It may also have repercussions should you work with that individual…
Chapter Four – Quantitative Results and Preliminary Discussion

Results

Given the mixed quantitative / qualitative study design, it was deemed that maximum clarity would be achieved by combining results and a preliminary discussion of these results in both Chapters Four and Five. An overall discussion of all results is given in Chapter Six.

4.01 Ethical Practices and Beliefs of ADF Psychologists

4.01.01 Items with greater than 80% Consensus

Responses to the 55 items were inspected and divided into two categories: those in which there was over 80% consensus; and those in which there was less than 80% consensus. Using 80% as the cut-off to indicate consensus is consistent with that used by Pope et al., 1988. They argued that for a practice to be judged poor 80% was an indication that “a clear majority judged it to be poor practice” (p.550). According to this criterion there was strong endorsement / disagreement on 32% of the items. The remaining 68% of the items in the questionnaire were endorsed with a range of responses (e.g., 47% disagreed that it was ethical to inform authorities when a client has admitted to illegal behaviour, whilst 28% were undecided and 24% agreed). The items in which there was a range of responses will be discussed in later. First, the items on which there was consensus will be discussed. Table 1 shows participants’ responses to the 19 items where 80% or more respondents endorsed the same response under the five categories described above: Military; Confidentiality; Dual Role; Professional Practice and Supervision & Training.
Table 1
*Items Endorsed by 80% or More of the Psychologists Sampled*

<table>
<thead>
<tr>
<th>Item</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree</td>
</tr>
<tr>
<td><strong>Military Category Items</strong></td>
<td></td>
</tr>
<tr>
<td>I take steps to ensure that the advice I provide the organisation is reached objectively</td>
<td>0</td>
</tr>
<tr>
<td>I am encouraged to take full responsibility for my actions</td>
<td>12</td>
</tr>
<tr>
<td>The services provided by me in my current posting/position to the military are used appropriately</td>
<td>8</td>
</tr>
<tr>
<td>Test results of clients are widely distributed</td>
<td>87</td>
</tr>
<tr>
<td>I feel compelled to accept a client who has a problem even if it goes beyond my competence</td>
<td>83</td>
</tr>
<tr>
<td>It is appropriate to advertise my services</td>
<td>81</td>
</tr>
<tr>
<td><strong>Confidentiality Category Items</strong></td>
<td></td>
</tr>
<tr>
<td>Once I make an assessment that a client is suicidal, it is my ethical obligation to breach confidentiality if necessary</td>
<td>4</td>
</tr>
<tr>
<td>Confidentiality is less important in groups than it is when working with individual clients</td>
<td>95</td>
</tr>
<tr>
<td>It is ethical to break confidence when the partner of a client asks for certain types of information</td>
<td>91</td>
</tr>
<tr>
<td>All information disclosed by a client during an assessment can be communicated to others (i.e., to referring authorities)</td>
<td>91</td>
</tr>
<tr>
<td><strong>Dual Roles Category Items</strong></td>
<td></td>
</tr>
<tr>
<td>A sexual relationship with a client is ethical if a client initiates it, and consents</td>
<td>96</td>
</tr>
<tr>
<td><strong>Professional Practice Category Items</strong></td>
<td></td>
</tr>
<tr>
<td>Clients should be made aware of their rights at the outset of the professional relationship</td>
<td>0</td>
</tr>
<tr>
<td>Psychologists should be registered to practice</td>
<td>4</td>
</tr>
<tr>
<td>Laws and codes restrict my talents to function effectively</td>
<td>5</td>
</tr>
<tr>
<td><strong>Supervision &amp; Training Category Items</strong></td>
<td></td>
</tr>
<tr>
<td>Supervision (debriefing) is required on an ongoing basis</td>
<td>1</td>
</tr>
<tr>
<td>If I thought my supervision was inadequate I would talk to my supervisor about it</td>
<td>8</td>
</tr>
<tr>
<td>If I became aware that my supervisor (senior psychologist) was encouraging others to behave unethically, I would ignore the situation</td>
<td>92</td>
</tr>
<tr>
<td>I would not seek out professional development opportunities if these were not mandatory for registration and membership of the Australian Psychological Society</td>
<td>92</td>
</tr>
</tbody>
</table>

N=78
Table 1 shows the items on which there was consensus, with over 80% of the respondents endorsing or disagreeing with the item. On the Military-specific items there were clear-cut views that access to psychological records and psychometric test results of clients should be strictly controlled, which is consistent with the APS Code of Ethics. Military psychologists strongly endorsed the view that it is not appropriate to advertise the provision of psychological services within the military, that steps are taken to ensure that the services they deliver are appropriately utilized and that they are encouraged to take responsibility for their actions. Although a large majority of military psychologists recognized that accepting clients they have no expertise to assist was problematic, there were nevertheless 14% of psychologists who felt compelled to take on clients in areas in which they had no expertise.

Protecting the secrecy of psychologist–client communications was strongly endorsed by respondents. They were strongly against revealing information about a client if that information was sought by a partner. Confidentiality of information in group-work was also strongly supported. Military psychologists strongly endorsed the view that once a determination that a client is suicidal has been made there is an ethical obligation to breach confidentiality.

The respondents endorsed the view that it was unethical to form a sexual relationship with a client, even if the client initiated and consented to the relationship. This was the only item of the nine items in the dual role category on which there was strong consensus.

There was strong support for regulation of the psychology profession and for professional development but 91% believed that regulations had the potential to stifle their work. The respondents also had firm views on supervision and training,
indicating that adequate supervision was an ongoing requirement and that they were also prepared to act if their supervisor was behaving unethically. Mandatory professional development was not supported by a strong majority. There was consensus on four of the six items in this category.

4.01.02 Military-Specific Items

As Table 1 shows, there was consensus response on six of these items. There was a range of responses on the remaining 13 of the 19 Military-Specific items. Items on which there was a spread of responses (i.e., in which there was less than 80% either agreement or disagreement) are presented in Table 2. One of the items addressing the issue of ‘who is the client?’ is a case in point: the primary response was Undecided: 42% of respondents were unable to commit to the proposition that “the military’s needs take precedence over the service-person client”, while 40% agreed and 18% disagreed.

Military psychologists expressed equivocal views on the use of paraprofessionals as well as the adequacy of training in ethics provided to these paraprofessionals. Many of the psychologists were undecided on whether the Military’s needs took precedence over the client’s (42% undecided when the client was a member of the military and 32% when the client was a civilian – for example civilian applicants for the armed forces). There was also a spread of responses on the accessibility of reports (22% of respondents were not certain that only those who needed to know were sighting their reports, the inference being that those who had no need to know were also accessing reports, for example personnel or medical clerical staff). Whilst psychologists were reasonably certain of retaining control over their clinical notes and psychological records, they were not as certain about the accessibility of the reports once dispatched to a referring authority. It was noted
earlier that up to 14% of psychologists had expressed concern about taking on clients beyond their expertise, many indicated that they had not received sufficient training before taking up their current position (40%) or been required to provide services in which they had no expertise or training (49%). Having indicated that professional supervision was an expectation for ethical practice a majority indicated that supervision was not provided in a manner that was considered acceptable (53%).

Table 2

<table>
<thead>
<tr>
<th>Psychologists' Responses to Selected Military-Specific Items</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Disagree</td>
</tr>
<tr>
<td>My reports are available only to people who need to know</td>
<td>14 8 78</td>
</tr>
<tr>
<td>Para professional staff (psych examiners) are aware of the ethical concepts applicable to testing and assessment</td>
<td>8 18 74</td>
</tr>
<tr>
<td>Professional development is encouraged and supported by my organisation</td>
<td>19 12 69</td>
</tr>
<tr>
<td>I give clients unrestricted access to their records</td>
<td>26 9 65</td>
</tr>
<tr>
<td>The use of para professionals (psych examiners) is a valuable and effective way of dealing with the shortage of professional help</td>
<td>24 19 56</td>
</tr>
<tr>
<td>The military's needs take precedence over the civilian client</td>
<td>14 32 54</td>
</tr>
<tr>
<td>My clients are in a position to make informed choices (about my services)</td>
<td>23 23 54</td>
</tr>
<tr>
<td>I am fully informed on the reliability and validity of the commonly used test batteries</td>
<td>31 15 54</td>
</tr>
<tr>
<td>If my philosophy were in conflict with that of the organisation I work for, I would leave the organisation</td>
<td>24 26 50</td>
</tr>
<tr>
<td>The training provided to me to carry out the duties of my current position was satisfactory</td>
<td>40 10 50</td>
</tr>
<tr>
<td>I have been required to provide services in which I have had no expertise or training</td>
<td>46 5 49</td>
</tr>
<tr>
<td>The military's needs take precedence over the service-person-client</td>
<td>18 42 40</td>
</tr>
</tbody>
</table>
Supervision is provided to me as an integral part of my day to day duties as a psychologist

\[ N=78 \]

Almost one-fifth (19%) were of the view that the ADF did not support their professional development (12% were undecided), as shown in Table 2.

4.01.03 Confidentiality Items

There were 10 items dealing with Confidentiality in an organisational context.

On four of these items respondents indicated strong agreement or disagreement. On the remaining 6 items there was a range of responses. Table 3 shows the items in the Confidentiality category for which there was a range of responses.

Table 3

<table>
<thead>
<tr>
<th>Item</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I always make clients aware of the limits of confidentiality at the outset of the professional relationship</td>
<td>19 Disagree 5 Undecided 76 Agree</td>
</tr>
<tr>
<td>If I were working with a client I assessed as potentially dangerous to another person, I would see it as my duty to warn the possible victim</td>
<td>18 Disagree 20 Undecided 62 Agree</td>
</tr>
<tr>
<td>If my client is HIV-positive, I have a duty to warn all of the person's identifiable sexual partners</td>
<td>9 Disagree 29 Undecided 62 Agree</td>
</tr>
<tr>
<td>I have broken confidence when a client has admitted planning serious harm to others</td>
<td>34 Disagree 23 Undecided 43 Agree</td>
</tr>
<tr>
<td>When it comes to protecting a child from child abuse, there are times when what is legal may not always be ethical (e.g., mandatory reporting)</td>
<td>41 Disagree 18 Undecided 41 Agree</td>
</tr>
<tr>
<td>It is ethical to inform authorities when a client has admitted to illegal behaviour (e.g., domestic violence)</td>
<td>47 Disagree 28 Undecided 24 Agree</td>
</tr>
</tbody>
</table>

\[ N=78 \]

The Undecided response was endorsed by at least 18% of respondents for 5 of the 6 items shown in Table 3. Three of these items relate to breaching confidentiality when a client has admitted to, or is planning dangerous behaviour, while two related
to reporting illegal behaviour of clients. Most (62%) psychologists reported that they believed that it was their duty to warn potential victims if a client disclosed an intent to harm. When a client has actually disclosed this intent, 43% have disclosed, while 34% did not, and the remaining 23% were Undecided. Psychologists in the military were equally divided between disclosing illegal behaviour and preserving client confidentiality in such circumstances. On both of these items there were many psychologists who had no clear view, endorsing the undecided response. When it comes to reporting illegal behaviour (such as domestic violence) 47% of respondents disagreed with the proposition of breaching confidentiality, while 24% agreed. Responses on the item about mandatory reporting of child abuse was equally represented by agree and disagree responses (41%), with the remainder (18%) undecided.

4.01.04 Dual Role Items

In the Dual Roles Category, there was only one of nine items in which a consensus response was strongly endorsed. Table 4 shows the items in which there were a range of responses to the items in the Dual Roles Category.

Table 4

<table>
<thead>
<tr>
<th>Psychologists' Responses to Selected Dual Roles Category Items</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Disagree</td>
</tr>
<tr>
<td>It would be unethical for me to take on a client about whom I had strong feelings, positive or negative</td>
<td>15</td>
</tr>
<tr>
<td>Physical touching with a client is ethical if client requests (e.g., hugging)</td>
<td>21</td>
</tr>
<tr>
<td>Sexual contact with former clients is always unethical</td>
<td>32</td>
</tr>
<tr>
<td>I have become attracted to some clients</td>
<td>62</td>
</tr>
<tr>
<td>Sexual contact with former clients is acceptable in some circumstances</td>
<td>58</td>
</tr>
</tbody>
</table>
It is ethical to form a social (nonsexual) relationship with a client  
It is appropriate to discuss my religious views with clients who seek a meaning in life  
I would accept a friend as a counselling client

<table>
<thead>
<tr>
<th>N=78</th>
</tr>
</thead>
</table>

Seven of the 8 items, as shown in Table 4, were endorsed with the Undecided response by at least 10% of respondents. Of these items in which there was a spread of opinions two related to sexual or physical contact with former clients, three to attraction to clients and two to social relationships. Whilst military psychologists were of the view that it was unethical to form a sexual relationship with a current client, they were divided about sexual relationships with former clients. A minority held the view that a sexual relationship with former clients was acceptable: 45% agreeing that “sexual contact with former clients is always unethical”, whilst 29% agreed that “sexual contact with former clients is acceptable in some circumstances”. Psychologists were also divided on whether physical contact with clients was ethical. A minority (31%) indicated that they had become attracted to some clients, whilst a majority (69%) indicated that it would be unethical to take on clients about whom they had strong feelings. A solid majority indicated that it was unethical to take a friend as a client (77%), whilst a bare majority (51%) thought it would be unethical to form a social relationship with a client.

4.01.05 Professional Practice Items

On 8 of 11 items in this category there was a spread of responses. Table 5 shows psychologists’ responses to the items on the Professional Practice category.

Table 5

Psychologists Responses to Selected Professional Practice Category Items
On all but one of these items there was at least 13% of respondents undecided, as shown in Table 5. On most of these items, while there was a diversity of views, there was a clear majority in each instance. There were, however, two items on which there was no clear consensus. These related to soliciting for clients and type of assessments. As noted earlier, military psychologists were strongly in favor of advertising their services, they were, however, equivocal about whether soliciting for clients was ethical, with 35% agreeing that “it is ethical to solicit for clients”.

Respondents were strongly opposed to the view that “Gay and lesbian clients are best served by gay and lesbian psychologists”, even though there were over one-quarter who were either undecided or agreed to the proposition. Two-fifths were undecided or disagreed with the proposition that one should follow the law if there was a conflict between a legal and ethical standard.

4.01.06 Training and Supervision Items.
Two of the 6 items in the Training and Supervision category had a spread of responses. Table 6 shows these items.

Table 6

*Psychologists' Responses in Selected Training and Supervision Category Items*

<table>
<thead>
<tr>
<th>Item</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I became aware that my supervisor (senior psychologist) was encouraging others to behave unethically, I would report the situation to the ethics committee of the APS or State Registration Authority</td>
<td>21 44 35</td>
</tr>
<tr>
<td>On going professional development should be a requirement for renewal of registration and membership of the Australian Psychological Society</td>
<td>13 8 79</td>
</tr>
</tbody>
</table>

N=78

Training, supervision and professional development were strongly supported by military psychologists. On the item about a supervisor behaving unethically, as shown in Table 6, military psychologists were uncertain on how to respond: 35% would report to the professional body or state authority, with a large number (44%) undecided. This was the item with the highest number of undecided responses. Respondents strongly supported the requirement for ongoing training and professional development.

4.02 Psychometric Properties and Data Analyses

The questionnaire was not designed with the intent to be used as psychometrically rigorous inventory or as a scale. Accordingly no analyses of its psychometric properties (e.g., Cronbach’s Alpha or Factor Analyses) was possible. Non-parametric tests of the Demographic Data with the grouped category items (as described above) were conducted. None were found to be statistically significant. As
is the convention with non-statistically significant results these Chi-square analyses are reported. Some of the demographic data were biased – almost three quarters of the respondents were uniformed psychologists (employed by the Regular Army or Army Reserve). The skewed responses to the items (so that for each item the responses was recoded into three categories from the original five) and the homogeneity of the sample precluded statistical analyses of the questionnaire items.

Discussion

4.03.01 Military Specific Issues

The responses to the questionnaire suggest that there are number of ethical issues and practices of which ADF psychologists are supportive. There was consensus on issues such as it being inappropriate to advertise the provision of psychological services (81%) and that the services they provide are used appropriately by the military (87%). There was also strong affirmation on the matters such as restricting the distribution of test results (87%), and the objectivity of the advice they provide to the organisation (99%).

There were, however, a number of issues over which they were equivocal. ADF psychologists have expressed views on competence, their professional value in the organisation, the use of para-professionals and record keeping which have lessons for the ADF in terms of training and ongoing professional practice.

The issue which is perhaps most in need of attention is that of Competence. A large number of psychologists (49%) indicated that they have “been required” to provide services in areas in which they had no expertise, or felt “compelled” (14%) to take on a client who they believed they did not have the competence to deal with. Similarly, there was a large number who believed that they did not have sufficient training to carry out the duties of their current position (40%), while 31% expressed
the view that they were not fully informed on the reliability and validity of the test batteries used in the ADF (a further 15% were undecided). Yet they are expected to, and do, (87%) take full responsibility for their actions. ADF psychologists are indicating that they are expected to operate in a climate of “double jeopardy” (Johnson, 1995, p.282).

Similarly many believed that professional development was not encouraged and supported (19%, while a further 12% were undecided). Fifty per cent would leave the ADF if their philosophy was in conflict with that of the ADF, but just over a quarter (26%) were undecided on a course of action. Informed consent was also an issue of concern for ADF psychologists: 23% of respondents were of the view that their clients were not in a position to give informed consent about the services delivered (a further 23% were undecided). Although 56% of respondents supported the use of para-professionals to supplement the work of psychologists, a number were undecided (19%) or disagreed (24%). There was solid agreement, however, that para professional staff were aware of the ethical issues involved with testing and assessment (74%).

Most ADF psychologists allow their clients access to their psychological records (65%), whilst they hold some reservations about who has access to the reports they write, 14% are not certain that only those who need to know have access (8% were undecided).

4.03.02 Confidentiality

It would appear that ADF psychologists are conservative when it comes to the issue of confidentiality. They acknowledge that it is an important factor in a range of situations such as unwarranted disclosure, group work, and working with dangerous clients. They are prepared to violate the secrecy of the information only when a client
is suicidal (90%) which is consistent with the APS *Code of Ethics*, but not when there are other elements of dangerousness at hand. For example, in the case of clients who have admitted to planning serious harm to others 43% would break confidence, 34% would not and the remainder were undecided. There was solid support for breaking confidences when there was assessment that a client is potentially dangerous (62% would disclose) or has the potential to harm others by passing on illnesses such as HIV (62% would disclose). In both these cases there are large numbers undecided (21% & 29%). The APS *Code of Ethics* is not as clear on the issue of dangerousness. Given that psychologists are prepared to violate the secrecy of the client-therapist relationship in these cases, it suggests that there is room for a wider discussion on the subject.

ADF psychologists are less reluctant to disclose in cases where the client has admitted to illegal behaviour (24% would disclose) or in cases of mandatory reporting such issues as child abuse (41% would disclose), the sanctity of the concept of confidentiality takes precedence. This approach has the potential to place ADF psychologists at odds with Statutory requirements (McMahon, 1992; Menezes 1992 & 1993) which require mandatory reporting of an increasing range of matters; or the requirements of the Department of Defence (Johnson, 1995; Menezes, 1992; Orme & Doerman, 2001) which require the reporting of a range of illegal behaviours (for example illicit drug usage).

It appears from these results that Australian military psychologists do grapple with the complexity of Confidentiality, and with the limitations in its application. They are willing to breach confidentiality for ethical reasons, but are reluctant to do so when there are legal or mandated reasons for doing so. Perhaps as a result of this complexity (and uncertainty) just under one-quarter of psychologists do not make
their clients aware of the limits of confidentiality at the outset (19% of respondents do not and 5% are undecided).

4.03.03 Dual Roles

The items in the questionnaire dealt mainly with relationships between psychologists and their clients. There were split views on sexual relationships with clients, which is arguably contrary to APS Code of Ethics. Whilst they are strongly against sexual relationships with a current client (96%), this does not extend to former clients: 29% agreeing that a sexual relationship with former clients was acceptable in some circumstances, whilst 45% thought a sexual relationship with former clients was unethical in all circumstances. The standards of the profession place a two-year limit on relationships with former clients, but just under half of ADF psychologists report a different view. Given recent publicity (for example, recent PRBV cases - PRBV 2000; 2000b; 2004a, in particular, received nationwide publicity) and debate in the published literature (Anderson & Kitchener, 1996) this is a surprising finding, and would appear to be out of step with their non-military colleagues.

Attraction to clients (31% reported becoming attracted to clients) and non-sexual physical contact was also the subject of some division (49% agreed) amongst ADF psychologists. Social relationships that psychologists form in a small community has been the focus of some discussion (MacKay & O’Neill, 1992; Staal & King, 2000). ADF psychologists reported similar difficulties accepting that forming non sexual relationships in small, sometimes isolated military communities was a reality (22% thought it ethical to form a social relationship with a client, and 51% thought it unethical, with a large number undecided, 27%). ADF psychologists were firm that they would not accept a friend as a client (77%) and that that it was unethical to take on a client about whom they had strong feelings (69%).
4.03.04 Professional Practice

ADF psychologists strongly endorsed (91%) the Australia-wide requirement for State Registration while at the same time they are wary of regulation (91% believing that laws and codes restrict their ability to function effectively). Sixty per cent would follow the law if there was a conflict between a legal and ethical standard, with 28% undecided and 12% disagreeing with the proposition. This reticence is consistent with their reluctance to disclose client information when legally required to do so, as noted above. This wariness is also expressed in the equivocation about record keeping: just under three quarters (74%) stating that they keep detailed clinical notes, indicating that there are many who do not.

When it comes to advertising their services in the military environment and ensuring that their services are used effectively, they are not convinced that it is ethical to solicit for clients (35% thought it ethical and 41% disagreed).

There is an apparent paradox when it comes to client rights. ADF psychologists strongly endorse the statement that clients should be advised of their rights at the outset (96%). Yet, almost one-fifth have not advised clients of the limits of confidentiality, as previously noted. There is also an apparent paradox with respect to the privacy of clients and accessing additional information when it is needed. Forty per cent of psychologists disagreed that their assessments were non-invasive (15% were undecided) and under three quarters (71%) agreed that they only obtain sufficient information to make a professional judgment.

Sexuality of service men and women, in particular homosexuality, has for a long time been a difficult issue for Armed forces in most part of the world. ADF psychologists are prepared to be open in their dealing with clients who are
homosexual (72% disagreeing with the proposition that gay and lesbian clients are best served by gay and lesbian clients).

4.03.05 Training and Supervision

ADF psychologists take seriously the issues of supervision, training, professional development and burnout: items addressing these issues were strongly endorsed. They strongly endorsed the need for ongoing professional development (92%) and supervision (90%), and are prepared to act if they thought their supervision was inadequate (83%). There was, however, some division on whether ongoing professional development should be linked to State registration or membership of the APS (21% did not agree or were undecided on the link), a further example of reaction to over regulation. There was a further paradox when it came to reporting unethical practice. Whilst there was support for not ignoring unethical behaviour (92%) there was hesitation with regard to reporting unethical practice of a peer or superior (35% would report). It is not apparent whether this is a reaction to the military hierarchy. Staal and King (2000) report that concern about maintaining relationships with superior officers is a feature of military psychologists’ interactions and that this could influence behaviour. There is also the possibility of the influence of a set of values that suggests that one does not report a peer or mate. There is also room for discussing unethical practice with the individual before taking further action, as recommended by the APS Code of Ethics.
Chapter Five – Qualitative Results and Preliminary Discussion

Results

5.01 Ethical Dilemmas

Forty-one respondents provided 96 critical incidents in which they experienced an ethical dilemma. Forty-one provided a single dilemma they had confronted during the course of their employment as a military psychologist, 30 provided two dilemmas and 25 provided three. These dilemmas were categorized four ways, as described earlier: into Pope and Vetter’s (1992) general categories, according to MacKay and O’Neill’s (1992) ethical or mixed dilemmas, according to the APS Code of Ethics (2002a) three principles, and last according to Kitchener’s (1984) five core ethical principles.

Table 7 gives the results of the four categorizations.

The dilemmas could be categorized into 10 of Pope and Vetter’s (1992) general categories. A large majority (40%) of the cases were about Confidentiality and 16% of cases dealt with incidents involving Dual/blurred relationships. Fourteen per cent were categorized as dealing with issues of Competence whilst 9% dealt with issues relating to the Conduct of colleagues / Supervisors. The remaining 21% of cases were spread amongst the other 6 categories.

Over three-quarters of the dilemmas described by the respondents were categorized as Mixed Dilemmas (78%), and 22% were Ethical Dilemmas. Over two-thirds (72%) of the dilemmas were coded as reflecting the APS Code of Ethics principle of Propriety. The remaining cases involved issues relating to the principle of Responsibility (16%) or Competence (13%). When categorized according to core ethical principles, just under one-third (32%) were based on the principle of Justice, and about one-fifth (21%) on the principle of Autonomy, the remainder were distributed amongst the other principles.
Table 7

*Categorisation of Ethical Dilemmas Provided by Respondents*

<table>
<thead>
<tr>
<th></th>
<th>% in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pope and Vetter's (1992) General Category Dilemmas</strong></td>
<td></td>
</tr>
<tr>
<td>Confidentiality</td>
<td>40</td>
</tr>
<tr>
<td>Blurred / Dual / or Conflictual Relationships</td>
<td>16</td>
</tr>
<tr>
<td>Competence</td>
<td>14</td>
</tr>
<tr>
<td>Conduct of Colleagues / Supervisors</td>
<td>9</td>
</tr>
<tr>
<td>Responsibility</td>
<td>6</td>
</tr>
<tr>
<td>Adequate Records</td>
<td>5</td>
</tr>
<tr>
<td>Dangerousness</td>
<td>3</td>
</tr>
<tr>
<td>Discrimination</td>
<td>3</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
</tr>
<tr>
<td><strong>MacKay and O'Neill's (1992) Ethical or Mixed Dilemmas</strong></td>
<td></td>
</tr>
<tr>
<td>Mixed Dilemma</td>
<td>78</td>
</tr>
<tr>
<td>Ethical Dilemma</td>
<td>22</td>
</tr>
<tr>
<td><strong>APS Code of Ethics Principles (APS, 2002a)</strong></td>
<td></td>
</tr>
<tr>
<td>Propriety</td>
<td>71</td>
</tr>
<tr>
<td>Responsibility</td>
<td>16</td>
</tr>
<tr>
<td>Competence</td>
<td>14</td>
</tr>
<tr>
<td><strong>Kitchener's (1984) Core Ethical Principles</strong></td>
<td></td>
</tr>
<tr>
<td>Justice</td>
<td>32</td>
</tr>
<tr>
<td>Autonomy</td>
<td>21</td>
</tr>
<tr>
<td>Non Maleficence</td>
<td>18</td>
</tr>
<tr>
<td>Fidelity</td>
<td>17</td>
</tr>
<tr>
<td>Beneficence</td>
<td>12</td>
</tr>
</tbody>
</table>

N=96 dilemmas

Note: Dilemmas could be coded into more than one category, thus percentages add to more than 100%.
Examples of ethical dilemmas in each of the 10 general categories are shown below, in two separate tables. Examples of the five most common categories are shown in Table 8.

Confidentiality

In the first case shown in Table 8 disclosing the emotional state of the individual would violate his right to confidentiality, primarily, whilst there are a plethora of other issues, some of these are raised by the respondent who provided the dilemma. This type of dilemma is a typical example of the 40% of Confidentiality dilemmas, which was the most common ethical dilemma faced by ADF psychologists. In total there were 38 cases categorised as involving Confidentiality, 22 of these involved issues relating to maintenance of the secrecy of information to which psychologists are privy, 12 involved issues of breaching confidentiality because of a duty of care to the client, and 4 involve drug usage reported by the client. Following are examples illustrating each of these issues:

Dissemination of Information - A client gave indications of possible involvement in satanical cults. Drug usage and selling also involved. Unbeknown to me…there were already police investigations under way…I advised the client of my concerns and professional viewpoint that I needed to disclose this information to relevant Naval sources. The client did give me permission to do so. I had a 'consent to release' form signed by the client…

Duty of Care - Prior to the introduction of mandatory reporting I interviewed a girl who informed me she had been the victim of sexual abuse by her step father and that she knew her younger sister was still experiencing this abuse. I very strongly wished to intervene but was advised…was not our responsibility as the girl was merely applying for a job. I have regretted that decision ever since and would now deal with the issue very differently…

Drugs - Client disclosing drug usage (Marijuana) during counselling for alcohol abuse. A difficult client to establish rapport/trust with and already at risk of going AWOL. Conflict due to uncertainty as to whether or not report drug usage…this would undermine any progress made with the soldier and cause him to go AWOL. Initially did not report him, but undertook measures to stop drug usage as part of counselling.
Table 8

Selected Pope and Vetter's (1992) General Category Ethical Dilemmas Reported by Psychologists in ADF – Part One

<table>
<thead>
<tr>
<th>Type of Dilemma</th>
<th>Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality</td>
<td>I interviewed an Army Reserve (General Entry) candidate late on a Tuesday night. It was very clear from the interview that the candidate was emotionally disturbed / depressed, bordering on suicidal. I (obviously) rejected the candidate on Psychology grounds, however was very concerned about the effect that being rejected would have on this fellow. I approached my superior, who advised me that this was not our problem - we were employed purely to make recommendations on suitability. I felt it was my obligation to at least contact the candidate's parents and see that he got picked up okay - as he was catching public transport. I guess my ethical dilemma was &quot;who is the client?&quot; and &quot;what is within my job role?&quot; I still believe I had an ethical responsibility, as I felt this person may have been suicidal.</td>
</tr>
<tr>
<td>Blurred /Dual/ or Conflictual Relationships</td>
<td>I saw a Service member for counselling who then was posted into my work area. She appeared to take advantage of the rapport between us to gain advantage in the work place. She spoke openly about her counselling to other staff members (which is her right). The ethical dilemma was - do we continue counselling? - Do we lay different ground rules?</td>
</tr>
<tr>
<td>Competence</td>
<td>Refusal/reluctance to refer a client to another person or agency. Pressure comes from organisation to reduce costs or from individual practitioner having belief in their own competency that is not, in fact, true. Ethical issue is one of effective service to a client…been placed in a position of being asked to provide a service &quot;on the cheap&quot; rather than an effective service to help a client in the longer term.</td>
</tr>
<tr>
<td>Conduct of Colleagues / Supervisors</td>
<td>A fellow psychologist of equal rank stopped a selection interview mid-way through and made the client sit in a waiting room whilst they answered a phone call (personal). It was completely unethical (not to mention un-professional) to not let this individual be given the same consideration as other applicants and it almost implies to the client that she was less important than a phone call. It was up to me to confront this psychologist and question their professional competence in this regard.</td>
</tr>
<tr>
<td>Responsibility</td>
<td>I was once asked to undertake an assessment of a young man who had caused a fracas in an Officer's Mess. Because this individual was also a recently graduated pilot the view was expressed that he may not be suitable for flying duties… when I assessed this fellow I could find no evidence of any underlying psychology problem and wrote a report to that effect. I then received phone calls from various senior officers…about my decision. One of the people attempted to pressure me to change my decision. The decision remained unchanged.</td>
</tr>
</tbody>
</table>
**Blurred / Dual or Conflictual Relationships**

The second case shown in Table 8 is a characteristic example of the second ranked Blurred / Dual / or Conflictual relationships experienced by ADF psychologists where it is not uncommon to sometimes work alongside clients. There were 14 cases in which ADF psychologists described ethical conflicts, of which 5 involved friends or family members, 4 military clients, 2 Senior Officers (non psychologists), 2 Superiors (psychologists) and one involved a client inviting a psychologist on a date. The cases involving family members or friends were identical to those likely to be experienced by psychologists in any other settings.

**Competence**

The case categorized as having a *Competence* theme, shown in Table 8, is indicative of the pressure that ADF psychologists perceive from the organisation to take on clients or to provide services which are beyond their level of competence. *Competence* cases were the third ranked of the general categorization dilemmas. There were 13 cases in this category, in which 7 were about the competence of the respondent who described the troubling incident, 5 about the competence of other psychologists and the last was the competence of another professional. In the cases which related to competence of the respondent, five were direct or indirect pressure to practice in an area beyond competence, and the other two were with regard to practicing when ill or under an excessive workload.

**Conduct of Colleagues / Supervisors**

The *Conduct of Colleagues / Supervisors* can sometimes create difficult situations, as shown in this example, in Table 8. This category accounted for 9% of the cases presented, in which colleagues or supervisors were behaving unethically or in a disruptive manner. There were nine cases categorized under this heading. Most,
five cases, involved peers engaging in inappropriate applications of psychological
procedures or unprofessional behaviour. Three cases involved inappropriate
behaviour by supervisors and one involved another professional behaving in a manner
the respondent believed was unethical.

Responsibility

In organisational settings psychologists sometimes perceive pressure to generate
‘preferred’ recommendations, yet the profession demands that the psychologist take
responsibility for their decisions; the example provided illustrates the categorization
of Responsibility, which was ranked fifth overall. There were six ethical dilemmas
described in which the Responsibility of the psychologist was at issue. These
included taking responsibility for the intervention conducted, the psychometric
procedure used, the psychological report written, and external pressure to change a
decision.

Table 9 shows examples of the remaining five of the General Category ethical
dilemmas.

Record keeping in an organisational setting can be problematic from the
perspective of who has ‘a need to know’ and can therefore access the very personal
information that is central to the compilation of psychological records. The example
of Adequate Records (which accounted for 5% of dilemmas reported) shown in Table
9 illustrates that what is not recorded can also be problematic from a treatment
perspective, especially in an organisation such as the ADF where personnel are
transferred regularly and access to up to date and accurate psychological history is
imperative.
Table 9

Selected Pope and Vetter’s (1992) General Category Ethical Dilemmas Reported by Psychologists in ADF- Part Two

<table>
<thead>
<tr>
<th>Type of Dilemma</th>
<th>Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adequate records</strong></td>
<td>One psychologist takes written notes which are illegible. This means that all record of intervention / interview are not accessible. Should there be a history of suicide or threat to others which requires follow up, this information is not available. There are numerous other ethical implications regarding this issue.</td>
</tr>
<tr>
<td><strong>Dangerousness</strong></td>
<td>I had to break confidentiality and report homicidal intent to the member's unit. I was called in to assess a soldier who'd been admitted to the medical centre after displaying suicidal ideation. Confidentiality issues were explained to him but he still expressed a desire to kill a member of his unit (he had also told his Platoon Commander). On advice from my superiors I informed his unit.</td>
</tr>
<tr>
<td><strong>Discrimination</strong></td>
<td>A senior officer, not a psychologist, directed that he would not accept married personnel to a training institution. My response was to recommend people, purely on their merits, regardless of marital status. Apart from a 'look that could kill' the first time this led to a recommendation for acceptance of a married person there were no repercussions…</td>
</tr>
<tr>
<td><strong>Informed Consent</strong></td>
<td>The release of information to Enlistment Officers (EO) is inherently problematic. Applicants sometimes have the belief that anything told to a psychologist cannot be released to others…Applicants do not know who has a legal right to information disclosed in interview. The question is whether ethical concerns oblige us to educate our applicants prior to them making sensitive disclosures…</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>During the conduct of a large scale research project into selection was asked whether there was &quot;anything we can use to get rid of X&quot; in the data we had collected. This was an ethical problem because I was being asked to provide information about an individual person for a purpose that it wasn't collected for, the person had been told it was being collected for particular purposes and told it would have no impact on his progress in the selection process.</td>
</tr>
</tbody>
</table>

Interaction with clients who are considered to be a serious risk to others, given the accessibility to weapons in the military, has the potential for extreme consequences. This category did not emerge from the data in either of the Pope and
Vetter (1992) or Lindsay and Colley (1995) studies. It was considered to be an important categorization for this study as 3% of ethically troubling cases involved Dangerousness. The example provided, in Table 9, captures the essence of the potential for extreme danger when dealing with clients in the military.

Another category not found in earlier studies was the Informed Consent category. In the military context where clients can be referred for psychological assessment the clients may not be fully aware of the procedures used nor the way in which the information provided to psychologists can then be used. This is illustrated in the example provided in Table 9.

Research category dilemmas had two dilemmas. In the example shown the psychologist is under pressure to provide access to those not authorized to access this information, especially when it was collected for purposes different to the intended use by the third party.

5.01.02 MacKay and O’Neill’s (1992) Mixed or Ethical Dilemmas

Selected examples of Mixed / Ethical Dilemmas provided by ADF psychologists are shown in Table 10.

The example Ethical Dilemma, in Table 10, shows the violation of the client’s confidentiality by the psychologist. The example is typical of a clash of ethical principle or competing ethical concern which is central in the cases categorized into Ethical Dilemmas. In this study 21 of the 96 cases involved a clash of an ethical principle. The clashes with APS Code of Ethics principles were as follows: 15 (71%) of the cases involved a clash of the principle of Propriety, 4 (19%) cases the principle of Competence, and 2 (10%) Responsibility. The clash of core ethical principles involved were 38% Non-Maleficence, 24% Justice, 19% Fidelity, 14% Beneficence and 5% Autonomy.
Table 10

Selected MacKay and O’Neill’s (1992) Ethical / Mixed Dilemmas Reported by Psychologists in ADF

<table>
<thead>
<tr>
<th>Type of Dilemma</th>
<th>Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mixed Dilemma</strong></td>
<td>Requests from senior officers to provide details on individuals who provided negative information in research situations. [This is a] Clash of confidentiality with demand of chain of command.</td>
</tr>
<tr>
<td><strong>Ethical Dilemma</strong></td>
<td>I heard another psychologist disclosing personal information to someone who certainly didn't need to know it. This is unethical as it is breaking confidentiality. I warned the psychologist and they admitted that they didn't realize the person should not be privy to that information.</td>
</tr>
</tbody>
</table>

In organizational settings there are sometimes demands from third parties, who are senior in rank, for access to information which the psychologist is not at liberty to disclose as shown in the example in Table 10 is typical of such Mixed Dilemmas. The majority of dilemmas in this method of categorization of dilemmas involved the clash of an ethical principle with external demands. Of the 75 cases classified as involving an ethical principle with an obstacle, 22 (29%) involved a clash of principle and organisational pressure to disclose information which would otherwise be considered confidential, and not always from superiors who are non-psychologists. The following example illustrates this clash:

Early in my career I had a couple of cases whereby clients stated they were homosexual - at the time it was against the Defence Force Discipline Act (DFDA). My superior stated the need for me to breach client confidentiality and inform divisional staff…

Of the remaining cases, 10 (13%) involved the clash of an ethical principle and a duty of care, 9 (11%) involved issues relating to dual relationships. The other 34 cases were distributed amongst a broad range of external clashes such as Informed Consent
(3%) and Competence (5%). The clashes of organizational demands and Kitchener’s core ethical principles involved were as follows: 34% *Justice*, 25% *Autonomy*, 16% *Fidelity*, 13% *Non-Maleficence*, and 11% *Beneficence*. The clash between organizational demands and APS principles were: 72% *Propriety*, 17% *Responsibility*, 11% *Competence*.

5.01.03 APS Code of Ethics’ Three General Principles

The third method of categorization of the dilemmas was according to the APS Code of Ethics’ three general principles. Selected examples of this categorization are shown in Table 11.

*Responsibility*

The first principle of the APS Code of Ethics is Responsibility whereby psychologists are to ensure that they retain primary responsibility for their actions. Sixteen per cent of dilemmas were classified under the APS principle of *Responsibility*. One-third of these cases were about issues relating to dual relationships.

The example in Table 11 is typical of the cases in which this principle was the subject of an ethical dilemma in an organisational setting. Here, a psychologist perceives pressure to provide outcomes that are consistent with organisational requirements rather than those that are in the best interests of the individual client.

*Competence*

The second APS Code of Ethics principle is Competence. The example provided in this table is one of the 14% of ethical dilemmas categorized under this principle, and is illustrative of the organizational expectations to practice beyond one’s level of skills, training and expertise. All 12 cases provided in this study that were classified under the APS Code of Ethics principle of *Competence* were also
classified under this heading in the general category of *Competence* as described earlier.

Table 11

*Selected Ethical Dilemmas - APS Code of Ethics' Three General Principles*

<table>
<thead>
<tr>
<th>APS Code of Ethics – General Principles</th>
<th>Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propriety</td>
<td>A probationary psychologist under supervision was passing on details of clients to friends (non-psychology) within the organization, without a 'need-to-know', as a means of endearing him/herself to others. While the details were not, as far as I was able to ascertain, of a 'psychologically sensitive' nature, the material was clearly meant to amuse by belittling the client... Despite counselling/debriefing, the probationer’s inappropriate behaviour continued (undermining the integrity of our professional role)...the supervision and employment contracts were terminated...this did little for workplace relations between Psychology and non-psychology staff.</td>
</tr>
<tr>
<td>Responsibility</td>
<td>These are potentially problematic, as there is a 3rd party (usually a Commanding Officer) who refers a soldier and often has a vested interest in having the soldier discharged - this has been an expectation explicitly stated to me. The dilemma becomes one of providing objective evaluation versus satisfying the wishes of the referring authority - this is made more difficult when pressure is laid to bear on your decision.</td>
</tr>
<tr>
<td>Competence</td>
<td>Refusal/reluctance to refer a client to another person or agency. Pressure comes from organisation to reduce costs or from individual practitioner having belief in their own competency that is not, in fact, true. Ethical issue is one of effective service to a client. Organisation sometimes gives impression of wanting to be seen to helping a member without accepting the resource implications of providing such help. Have been placed in a position of being asked to provide a service &quot;on the cheap&quot; rather than an effective service to help a client in the longer term.</td>
</tr>
</tbody>
</table>
Propriety

The majority of dilemmas (71%) were categorized as involving the principle of Propriety. The example in Table 11 illustrates one such way in which the principle of propriety is not displayed by the central actor in the dilemma. Sixty-nine dilemmas described ranged across issues such as Confidentiality (51% of these Propriety cases) Dual Relationships (14%), and Conduct of colleagues (10%). The remaining cases were distributed across a range of issues, none of which accounted for more than 4% in any grouping. All but 4 of 38 cases classified under the General Category of Confidentiality were also classified under Propriety. All but 5 of the 15 cases classified under the general category of Blurred / dual / or Conflictual relationships and 7 of the 8 involving the Conduct of Colleagues were also classified under Propriety.

5.01.04 Kitchener’s (1984) Core Ethical Principles

The final categorization of the ethical dilemmas provided by ADF psychologists was according to Kitchener’s (1984) five core ethical principles. Selected examples of Kitchener’s (1984) five core principles are shown in Table 12 (on page 91).

In the ethical dilemmas provided by ADF psychologists the principle of Justice accounted for 32% of ethical dilemmas as categorized by the two coders. In the example in this category in Table 12 the psychologist’s quandary is how to respond to the situation in a fair and just manner to the individual in an organisational context. In the case classified as Autonomy, the second ranked (21%) of the 5 core principles, respect for the right of the client to choose her own course of action in very difficult circumstances is illustrated in the example provided in Table 12. Trust is the central issue of the Fidelity classified case in Table 12. Doing no harm includes
ensuring that the psychologist is sufficiently trained and qualified to conduct the work at hand. The case in Table 12 categorized as *Non-Maleficence* is a case in which the psychologist is required to work in areas in which he or she is not competent, risking harming the client. Promoting the health and well-being of the client is not as straightforward as it would appear, as indicated in the *Beneficence* case in Table 12.
<table>
<thead>
<tr>
<th>Core Ethical Principle</th>
<th>Dilemma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justice</td>
<td>Client sent to me not knowing her Divisional Officer had given me a copy of a letter she left on the computer network that she didn't know he had [in his possession]. The letter related to claims he was sexually harassing her. It was ethically problematic because she did not know true reason for referral.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>In a training establishment, a female client described a situation where a number of fellow trainees would come to her room and request sex. She was fairly unclear about her consent - she indicated she didn't want this to happen but had taken no action to avoid it and in fact kept a supply of condoms to facilitate it all. My problem was - has there been either a crime or a breach of Defence Instructions committed here? What would be the consequences if I did disclose? I chose not to disclose…</td>
</tr>
<tr>
<td>Fidelity</td>
<td>I was informed by another psychologist…that unethical procedures were taking place within their unit. This involved the changing of test scores for applicants whom the testing psychologist (senior to the informant) considered to be &quot;a good sort&quot;…the raw scores were raised falsely, so that they passed the initial test battery…It struck me as undermining some of the very basic principles on which our profession stands. As the informant had initially asked that I kept this in confidence, I struggled with it ethically…</td>
</tr>
<tr>
<td>Non-Maleficence</td>
<td>Psychologists being requested to undertake work that they are not trained to do with inadequate or no supervision. This situation is ethically problematic because undertaking this type of work is problematic for the client and the psychologist (e.g. stress of not knowing what to do)… it is extremely difficult to deal with because work is delegated by a superior officer (i.e. difficulty in refusing to do work because lack of training/experience) and the culture in the Army encourages the… approach (i.e. generalist who can do everything, even if untrained)…</td>
</tr>
<tr>
<td>Beneficence</td>
<td>At times, I receive information from training staff which has implications for the welfare of recruits or trainees, as well as the interests of the RAAF, eg that certain instructors may advocate unprofessional training methods such as bullying or demeaning. Such information is usually obtained during casual conversations, which are not explicitly &quot;in confidence&quot;, although there may be some expectation that as a psychologist or fellow staff member, the confidence will be maintained. I believe my responsibility to trainees, the training unit and the RAAF outweighs any loyalty to individual instructors, and therefore pass on relevant information to training management. I am careful, however, to couch this information in terms which will not unduly reflect negatively on the instructor concerned.</td>
</tr>
</tbody>
</table>
Discussion

5.02.01 Pope and Vetter’s (1992) General Category Dilemmas

The ethical dilemmas described by ADF psychologists are similar to those reported in studies in the UK and US involving psychologists and psychotherapists (Lindsay & Clarkson, 1999; Lindsay & Colley, 1992; Pope & Vetter, 1992). There were however some important differences. In the US study 23 separate categories were determined, in this study 10 categories were identified, 3 of which (Responsibility, Dangerousness and Informed Consent) were not amongst Pope and Vetter’s (1992) categories, as described earlier.

In this study Confidentiality was clearly ranked as the most commonly experienced ethical dilemma. Blurred / Dual / or conflictual relationships was second, as it was amongst American psychologists and British psychotherapists. Competence was the third most common dilemma described by ADF psychologists, which was different to the three UK and US studies. In the US study ‘Payment’ was third, ‘Research’ was third amongst British psychologists, and the ‘Conduct of Colleagues’ featured third for British psychotherapists. Conduct of Colleagues was the fourth most common type of dilemma for ADF and British psychologists, but was ranked seventh amongst US psychologists. Responsibility and Adequate records were next in this study but were ranked lower in the other studies.

The particular organisational context in which the study was conducted may account for the differing findings. For example, ‘Payment sources’ and ‘Forensic psychology’ are not particularly relevant to ADF psychologists. It is noteworthy that
there were no sexual issues described from either direct or indirect perspectives by these psychologists.

The occupational groupings in the US study are unknown, whilst 12% of British psychologists who reported dilemmas were “Occupational” psychologists. The broader samples in the other studies, in which a range of specialisations and settings in which psychologists worked, may account for some of the differences between the current study’s findings and those of these studies.

Orme and Doerman (2001) in their study of US Air Force Clinical Psychologists reported that their respondents ranked conflicts between ethics and organisational demands highest (45% of reported ethically challenging or troubling incidents), Maintaining Confidentiality was second, and Multiple Relationships were third. From the 69 ethical vignettes they received they were able to identify 27 separate ethical standards of the APA *Code of Ethics* which were at issue. All respondents in the US Air Force study were clinicians, which may explain the different emphases that emerged from the data.

*Confidentiality.*

Generally, these military psychologists’ *Confidentiality* dilemmas reveal tensions, not only about whether or not sensitive information should be disclosed, but also about the circumstances it is permissible to do so, if it should be disclosed at all, and the consequences for the client if information is disclosed. For example, the use of illicit drugs by military members. The ADF has a “zero tolerance” (Department of Defence, 1994) approach and any known or suspected use is to be reported. In the cases where the use of illicit drugs has been disclosed to a psychologist, reporting of such information is mandatory in the ADF. In both of the cases presented above and in the following case (which was presented in an earlier chapter) the psychologist
grapples with the difficulty that in a civilian instance would be handled differently:

Marijuana usage (illicit drugs) military law makes this an illegal act - yet if I told anyone (breached confidentiality) no one (clients) would trust me. Confidentiality / professional standards here are more important than military / civil law. There is no requirement in civilian setting to disclose this. Military personnel wanted to discharge one of the members and asked me for information - obviously no information given but the drug usage did explain some behaviours [of the client].

Not only would the psychologist be in breach of ADF regulations, there is the possibility of negative outcomes for the client such as disciplinary action, consequences of which could include dismissal from the ADF. There are also potential positive outcomes for the client, in terms of accessing treatment programs, however the option to seek treatment rests with the individual client. Thus the dilemma is further compounded, as described in the examples provided above. Even if the client is receiving treatment, should the fact that he has used illicit drugs still be disclosed? Johnson (1995) has encapsulated this type of dilemma well. He calls this “sacrificing the client’s best interest in the service of the military mission” (p.282). This encapsulation is not limited to drug usage by clients, but in many other ethical dilemmas that have been described by psychologists in this study.

The ‘need to know’ is a problematic issue for psychologists in the military (Johnson, 1995; Orme & Doerman, 2001). Because there frequently is no clear-cut or practical definition it is a difficult issue for ADF psychologists to grapple with. When does a senior officer’s need to know outweigh the right to confidentiality of the clients who present themselves for psychological assistance? The following is an example of just such a case of perceived pressure from senior officers to disclose information under the principle of ‘need to know’:

… the CO [of a particular unit] asked me for the names of all the service members under her command who had referred themselves to my psychology unit for personal counselling. Her stated reason was so that she could 'keep a
handle on' who was having difficulties and whether there were any trends of problems arising from individual sub-units…

In this case the CO is apparently well intentioned in wanting to keep track of the psychological issues affecting personnel under her command. Yet to disclose information of those accessing the services is a breach of Confidentiality. Does the CO’s need to know over-ride the rights of the clients? Other forms of pressure being brought to bear to disclose information have been in research situations, in personnel selection, and personnel management (when uniformed personnel are referred for assessment). Sometimes this pressure is direct, other times more subtle (for example in informal situations). Following are separate examples of direct pressure to breach confidentiality:

… been asked to provide details about an individual soldier from their psychological record to the soldier’s commander. The commander was seeking to understand why this person was an "administrative nightmare"… [information] had been collected for the purpose of psychological counselling and the individual had been told it would not be divulged to anyone else.

During the conduct of a large scale research project into selection was asked whether there was "anything we can use to get rid of X" in the data we had collected…

The following is an example of a breach in a less formal situation:

I heard another psychologist disclosing personal information to someone who certainly didn't need to know it… the person [recipient of information] in question was a board secretary for a selection board.

There were examples provided by the psychologists of gratuitous breaches of confidentiality by colleagues, examples of inadvertent breaches, and examples of deliberate breaches. These however were small in number and appeared to be resolved at the time of the breach according to the descriptions provided. In the main the issue of confidentiality was presented in the context of when was disclosure warranted and when it was unwarranted, in the overarching concept of ‘who is the
client?

*Blurred / Dual /or Conflictual Relationships.*

In the following example a psychologist is posted to a locality in which she was the sole psychologist and had to switch roles from a counselling (therapeutic) role to conducting a suitability assessment (for continued service in the ADF):

…I was required to do an assessment which then led to counselling. Eventually I had to write another assessment on his suitability for service, which I did, saying he was unsuitable (which I still believe). I do not believe that I should have been put in this dual role. The counselling relationship was destroyed. A most unsatisfactory situation. Whilst there are ways to overcome potential dual role conflict, if you are not in a digital role, it can be avoided.

There were other forms of this *Dual Roles* dilemma involving senior officers (to the respondent) and superiors which not only had the tension which follows from the dual or blurred role, but also the dimension of a power differential which comes from the military rank structure, generating the potential for further ethical violations. In some respect these experiences are likely to be similar to those practising in small or remote communities, but the military milieu make these more complex and problematic, directly impacting on the psychologist's ability to function effectively as a professional.

It is noteworthy that no critical incident (ethical dilemma) was reported of either a romantic or sexual a relationship between an ADF psychologist and a client. The following case, also presented earlier, is the only one in which any semblance of an improper relationship with a client was presented.

Client asked to socialise with me at a later date. Saw this as a direct contravention of both (1) professional code of ethics and (2) personal division
of professional and social life… Saw a direct response was the best way to handle it.

**Competence.**

In many organisational settings psychologists may be required to perform in roles for which they have no expertise or for which they believe they are not competent. Even if the superior who is directing the psychologist is not a psychologist, there are clear cut power imbalances in which refusal on ethical grounds may lead to sanctions against the psychologist. Many of the ethical dilemmas described under this category have these underlying currents. Typical of the ‘self’ report conflict was the following case of a newly graduated psychologist being thrust into an unfamiliar role by a superior who was also a psychologist. The graduate psychologist is placed in a no win situation of obeying a superior military officer or violating the APS *Code of Ethics*:

When beginning a new job straight from university I was 'ordered' to conduct a counselling case. I had no experience in this form of counselling, and had touched on it only lightly in my own reading. I explained that I did not feel competent to take on this case, that I had very little training in counselling (and frankly no interest in the field), and that I thought it was improper for me to see the person (and therefore imply 'expertise' in an area in which I had none). My superior informed me that it was her intention that all of her staff had to be cross-trained as generalist psychologists, and the best way to learn was by doing...

**Conduct of Colleagues /Supervisors.**

In the example which follows it is apparent just how difficult it can be to confront a peer who is behaving in an inappropriate manner. It is also typical of the types of cases in this category:

Psychology officer [a] peer making statements/providing advice to others which I regarded as inappropriate beyond requirements of providing information to staff members and [thus] breaching psychology-in-confidence. Problem is stopping the person while not undermining her authority - also a problem as a peer and [there was] no other direct chain of command in the area. Problem eventually discussed in informal manner with person and monitored.
Responsibility.

The closest equivalent from other studies (e.g., Pope & Vetter, 1992) is “questionable interventions”, however this definition does not adequately capture the essence of such cases. Perhaps the APS Code of Ethics principle best describes these cases. As the APA Code does not have a direct equivalent it may explain why the categorisation does not appear in the US study. The following example best illustrates Responsibility, wherein ultimately the psychologist has to standby the judgment made.

Disagreement with other professionals regarding a persons safety and/or harm to others. This is always a difficult one which relies on your own established credibility and communication skills.

Adequate Records.

Ranked sixth of the issues of concern to ADF psychologists, there were five instances where Adequate Records was the classification given to dilemmas that were described. All involved the quality of the information which was recorded on the psychological records of clients and the potential future uses and mis-uses of that information. Given the variety of roles that psychologists in the ADF fulfil, the concerns raised in these dilemmas are that information collected as part of therapeutic intervention may at a later time have an unintended consequence on a client’s career (for example when being assessed at a future date for a change of branch or role). The following example illustrates:

…When I am seeing a client for self referral - I have concerns about recording detail on records. I am afraid that in a future assessment the organisation may use this information and that the information would be used against the interests of the client. Ethically problematic because I should record sufficient detail on file for future self referral however I think there is a significant risk that the information will be used for other purposes.

Other categories.

Ten ethical dilemmas were spread over the remaining four categories: three
each for *Dangerousness* and *Discrimination* and two each of *Informed Consent* and *Research*. Dealing with clients assessed as being dangerous was categorised separately from Confidentiality as there were dimensions to the cases which exceeded the parameters of Confidentiality. Dangerousness in the military context should be understood in context of the accessibility of weapons and ammunition and potential for significant danger to self and others should clients decide to act as this case illustrates:

I had to break confidentiality and report homicidal intent to the member's unit...Confidentiality issues were explained to him but he still expressed a desire to kill a member of his unit...

Pope and Vetter (1992) use the term ethnicity to describe cases where discrimination is the central issue. In the Australian context, *Discrimination* was thought to be the more appropriate category label for these cases. Marital status, sexuality and lifestyle choices are the bases on which arguably discriminatory judgements are sometimes made, especially in a personnel selection context. In the following case a judgment is made on an applicant as to his suitability for the ADF, but his sexuality creates a dilemma for the psychologist:

... I was interviewing a male candidate for Army Reserve General Entry and it became clear to me during the course of the interview that there was a strong possibility that this candidate was gay and in a gay relationship. The situation posed an ethical problem for me because it made me realise I held certain biases. There was no reason to reject this person but I hesitated because of his sexual preference - I did accept him for entry into the Army Reserve but I didn't feel good about it.

The category of *Informed Consent* was used as in the military context personnel can sometimes be compelled to undergo psychological assessment and may not be fully aware or consenting to the process. This issue was also raised by US Air Force psychologists (Orme & Doerman, 2001), but was not identified amongst civilian psychologists in the UK or the US (Lindsay & Colley, 1995; Pope & Vetter, 1992).
There were two such cases described. In the following case the psychologist is aware of the issue but is uncertain on how to proceed:

The nature of informed consent with applicants for the military. The system seems to disempower applicants from seeking information about consent and there does not seem to be a standardised format for psychologists to inform applicants.

In both the Research cases, there was external pressure to disclose information from the data gathered in the course of conducting research. The examples were provided in Table 9 (page 86) and on page 59.

5.02.02 MacKay and O’Neill’s (1992) Ethical and Mixed Dilemmas

Of the 96 dilemmas described, 75 (78%) were classified as Mixed Dilemmas, and 21 (22%) were Ethical Dilemmas, according to the definitions provided by MacKay and O’Neill (1992). MacKay and O’Neill (1992) in their survey of 20 psychologists working in one of the Provinces of Canada, found that 9 provided cases which involved a clash of ethical principles. In this larger survey of psychologists working in a large organisation the greater number of dilemmas described were Mixed Dilemmas.

Ethical Dilemmas

The following is an example of an Ethical Dilemma in which there was an ethical concern revolving around the APS principle of Propriety:

While interviewing General Entry clients for the Army I had the very unusual experience of interviewing a full blown manic client who kept me engaged in the flight of his ideas for over an hour. It was quite apparent he was not suitable for the Army, but he was reluctant to leave my office because he had no money and nowhere to go. He brought out a box from his bag and removed a small crystal figurine which he asked me to buy from him. Despite my protests he would not leave my office and actually begged me to help him out. I eventually gave him $10 and he left me the figurine. It wasn't until later that I discovered a small birthday card inside the box addressed to a young girl. I now have to add the purchase of stolen goods to my list of sins.

Mixed Dilemmas
The following is an example of a Mixed Dilemma in which there is a clash of an ethical principle and external pressure to conduct an assessment despite the existence of a ‘dual relationship’:

Pressured to see a client who was my younger sister's best-friend. Aware that X had an "involved" past and as there were other psychologists available I did not feel it was in the client’s best interest to see me for counselling. I insisted that I would not see X as I felt it was unethical…

These results suggest that psychologists working within an organisational context may more frequently encounter mixed dilemmas as opposed to dilemmas where there is solely a clash of ethical principles.

5.02.03 APS Code of Ethics’ Three Principles

The APS Code of Ethics sets forth three general principles “to promote sound professional practice” (APS, 2002a, p.1). These three principles “operate in all situations” (APS, 2002a, p.1) in all areas of psychological practice. In this study, almost three-quarters of the dilemmas (71%) of the dilemmas described by ADF psychologists were classified as involving issues areas of practice under one of these principles: Propriety. The other two principles of Responsibility and Competence accounted for 16%, and 14% of the ethically troubling situations confronted by ADF psychologists.

Propriety.

Given the rather broad definition of the principle and the specific applications explicated in the APS Code of Ethics, this is not an unsurprising finding. Indeed the catch-all nature of the principle of Propriety may not be helpful in assisting psychologists in addressing and resolving ethical dilemmas confronted in daily practice.

Responsibility.
In these cases there were multiple relationships involved but final accountability for ensuring that the lines of a dual relationship were not crossed rested with the psychologist. The following is one such example, in which the superior is both a psychologist and a more senior military officer:

Request to provide relaxation training to supervisor. Broaching the line between professional/supervisory relationship…

In the following example a respondent describes a situation in which he conducted an assessment which was contrary to prescribed procedures. In this instance the final responsibility for not following procedures rested with the psychologist, as defined by the APS in the *Code of Ethics*:

…I was the subject of a complaint from a Defence Signals Directorate (DSD) applicant that I discriminated against her on the basis of her marital status and gender. Whilst in training I was taught to ask certain questions which are allowed for military selection processes but are apparently not allowed under the guidance of the Public Service Act (PSA). I was unaware that DSD selection was subject to the PSA…Was I in the wrong for asking questions about the opinions of the applicant's significant others in relation to the application? Technically I was…

*Competence.*

Being compelled to practice in areas where one is not qualified, working under an excessive workload, and refusal to on-refer is not only unethical but has the potential to do much harm to the client and the organisation (as a consequence of adverse outcomes for the individual clients who then may be unable to perform their military role effectively).

5.02.04 *Kitchener’s (1984) Core Ethical Principles*

There was a spread of cases amongst the five core ethical principles put forward by Kitchener (1984). This finding lends support for her argument that these more general ethical principles provide a sound base for “ethical reasoning in the
context of...psychology” (Kitchener, 1984, p.54). Of the five core principles, two
(Autonomy and Fidelity) when categorized under the APS principles did not include
the principle of Competence. Autonomy and Fidelity are different principles to that of
Competence, so the absence of cases classified under as Competence in these
principles explains this outcome. The majority (75%) of these Competence cases
were classified as Non-Maleficence (‘doing no harm’) indicating the commonality
between these principles.

There were considerable areas of overlap between the three other core ethical
principles with the APS principles. One-third of cases categorized under the APS
principle of Propriety were also classified under the core principle of Justice, 28%
Autonomy, 22% Fidelity, and 8% each Beneficence and Non-Maleficence. Thirty-
eight per cent of the cases classified as the APS principle of Responsibility were also
classified under the core ethical principle of Justice, 31% Beneficence, 19% Non
Maleficence, and 6% each of Fidelity and Autonomy.

Justice.

ADF psychologists are concerned with ensuring that they conduct themselves
in a fair and just manner towards their clients: almost one-third (32%) of cases
involved the principle of Justice. In the following example, which is typical of others
in this category, the psychologist withstands considerable external pressure to ensure
that client is treated justly:

Referral by a Commanding Officer to have a soldier discharged as "not
suitable to be a soldier" due to disciplinary problems. The CO exercised
considerable pressure to get rid of the soldier when he is unaware of the
background issues for the soldier’s behaviour (a marital break-up and the
suicide of his twin brother) that had been concealed and not taken to the
workplace. Even when provided with this information with the soldier’s
permission he was unrelenting and I had to escalate the matter to the Brigade
Commander to mollify the CO.
This case was classified under the APS principle of Propriety (Confidentiality and Mixed Dilemma in the other classifications used). The core principle of Justice is a far more effective encapsulation of the core of the dilemma, and is illustrative of the greater effectiveness of this type of classification in categorizing dilemmas.

**Autonomy.**

The freedom of the client to choose was important to ADF psychologists: 21% of cases involved the core ethical principle of Autonomy. The material contained in psychological reports written by psychologists can be used in ways which are against the best interests of individual clients. In the following case, the psychologist has provided a report to the organisation, in accordance with current procedures, but is concerned about the way the information may be used. But what of the individual client’s right to choose what information goes in the report? The situation is not atypical of those confronted by ADF psychologists:

Ethical situations frequently come up at Recruit Training where Platoon staff request psychological information about a referral who is experiencing training difficulties (eg: assimilation, socialization). Some less-than professional platoon staff can use information provided by us to set up a self-fulfilling prophesy. If an instructor labels a recruit as 'thick' on the basis of information provided by us about he/she being marginal on psychological tests, for example, the recruit is likely to continue struggling in training…

As with the previous example this case was classified under the APS principle of Propriety (Confidentiality and Mixed Dilemma in the other classifications used). Classifying the dilemma according to the core ethical principle arguably enables the illumination of the case so that it can be more effectively confronted.

**Fidelity.**

Acting in a faithful manner towards individual clients when being employed to an organisation can sometimes place a psychologist in the predicament of acting in a faithful manner to both clients, as the following example of a Fidelity dilemma
demonstrates (this case was classified as a *Mixed Dilemma* and *Propriety* in the other categorisation schemes):

… I dislike performing [personnel selection] assessments because I have access to self referral [counselling] information that can add to my assessment, and that can colour my judgements, but that in my opinion, should not be taken into account. I am pushed by some people to consider this information i.e.: the military is my client, not the individual…

In this case should the complete psychological history, including a past history of psychological counselling, of a military member be available to the psychologist conducting that assessment? Does the organisation, a significant client of the psychologist, require that all relevant information be considered in making a sound personnel selection decision?

*Non Maleficence.*

The dictum ‘Do No Harm’ at the core of *Non-Maleficence* accounted for 18% of the cases. Of these cases, 50% were classified as *Competence* under the APS principle, 33 % *Propriety* and 17% *Responsibility*, indicating the global nature of the principle – the psychologist needs to be capable of doing the job, act in a responsible manner and ensure the welfare of the client at the same time. The following example of a *Non-Maleficence* case (*Mixed Dilemma, Responsibility*) demonstrates not only the universality of the principle as well as the typical nature of the ethical conflicts reported in this study.

I have been directed to undertake interventions which my professional judgement led me to believe were not appropriate to the situation. The interventions are widely used or reported on. I complied with the order but remain unhappy that on professional matters that rank is used to squash discussion. [Superior officer in this situation was a psychologist].

*Beneficence.*

Only 12% of the cases were categorized as contributing to the welfare of the client, or *Beneficence*. In the following example, as there were no other psychology
resources in the area, it could be argued that this dual role in which the psychologist is placed is in the best interest of the client, as to not take the person as a client could potentially result in, at worst, harm or in not contributing to the welfare of the individual.

Counselling a friend who was also a superior officer. No availability of other (military) psychology resources in the area. Due to financial limitations, lack of psychology skills and personnel in geographic area. In the end not a problem due to maturity of the individual and acceptance of situation as inevitable…
Chapter Six – General Discussion

The present study had two aims. First, to identify any ethical practices and beliefs on which military psychologists did not demonstrate consensus. Second, to elicit descriptions of ethical dilemmas confronted by military psychologists (ADF psychologists) and to carry out exploratory classifications of these dilemmas.

The ethical practices and beliefs were measured by questionnaire, and ethical dilemmas were elicited using a case study methodology, whereby ADF psychologists recalled ethically difficult situations in which they perceived an ethical conflict. These ethical dilemmas were categorised in four separate ways: into the general categories identified by Pope and Vetter (1992); as ethical or mixed dilemmas after MacKay and O’Neill, 1995; the three general principles of the APS Code of Ethics; and according to Kitchener’s (1984) five core ethical principles.

6.01. Ethical Practices and Beliefs

In this exploratory study investigating agreement on ethical issues confronting ADF psychologists, an overall finding was that these psychologists working in the same organisational setting expressed a considerable diversity of views. Of the ethical issues canvassed in the questionnaire, there was a consensus (defined as 80% agreement or disagreement) on less than a third of the issues. The strongest agreement was on a range of practices and beliefs related to Military-Specific issues. On Confidentiality, Dual Roles – generally and in the military, Professional Issues, and Training and Supervision there was a considerable range of views with over two-thirds of the ADF psychologists expressed a diversity of views. ADF psychologists' responses indicated an underlying ethical tension on a range of issues. These ethical tensions related first, to the nature of the relationship between the profession and the organisation in which they worked. Second, there was some lack of consensus on
confidentiality issues in general, and in the military context. Third was the uncertain nature of their relationships with their military “clients” and the ethical tensions generated by “Who is the client?” issues. Fourth was the issue of professional supervision and the sometimes fraught nature of the relationship between military psychologists when they receive supervision, and provide supervision to those who are also work colleagues.

6.02 Ethical Dilemmas described by Military Psychologists

The ethical dilemmas reported by Australian military psychologists were many and varied. Jeffrey et al. (1992), Johnson (1995), and Staal & King (2000) have identified the types of ethical dilemmas likely to be confronted by military psychologists based on their experiences and studies with US military psychologists. To accompany the study by Orme and Doerman (2001) data has now been gathered on the ethical issues confront by military psychologists in Australia. There is support for Johnson (1995) and the other authors who have speculated on the type, nature and complexity of these dilemmas. Confidentiality, dual roles and maintenance of records feature prominently. There are also some areas which are problematic, that have not been highlighted by these authors for examples Competence and Dangerousness.

In many respects the dilemmas reported are similar to those that non-military psychologists in the US and UK described (Lindsay & Colley, 1995; Pope & Vetter, 1992) with confidentiality and dual relationships amongst the most common. Frequently, however, the dilemmas were unique to working in large organisations, particularly the military, with issues such as the conflicts between organisational demands and ethical principles, managing dangerous clients and maintenance of records (Jeffrey et al., 1992; Orme & Doerman, 2001) being major issues.

6.03 Who is the Client?
For psychologists working in organisations this appears one of the most difficult questions: is it the individual sitting across the desk or the organisation who is the employer, in this case the military? This issue has been much debated (Fox, 1984; Nixon, 1984; Pryor, 1989) and is at the heart of many issues raised by military psychologists in this study in both their responses to the questionnaire and the ethical dilemmas they described. This issue is not unique to ADF psychologists, indeed it is common to most psychologists working in organisational settings and has been confronted by military psychologists in the United States (Johnson, 1995; Orme & Doerman, 2001; Staal & King, 2000); nor is this a recently uncovered issue for ADF psychologists (Menezes, 1992; 1993).

“Who is the client?” appears to overarch issues such as Confidentiality and Dual Relationships for these psychologists. Addressing this question is central to resolving other questions such as who has access to psychological reports and the type of information contained in the reports, the limits of confidentiality, the restrictions on relationships with individual clients as well as the restrictions on relationships with the non-psychology military hierarchy.

In this study, the psychologists surveyed acknowledged this tension in both the questionnaire responses as well as in the ethical dilemmas they reported. On both questionnaire items that addressed the question of whether the organisation or the client’s needs take precedence the responses were widely spread, with no consensus. A feature of the responses was the high number of Undecided, suggesting that the issue remains unresolved for these psychologists working in the ADF. Further debate and discussion of the issue may assist in resolving this difficult question.

6.04 Confidentiality

As both the questionnaire responses and ethical dilemmas demonstrate, ADF
psychologists, as with their non-military colleagues, grapple with the complexity of confidentiality issues and the limitations to confidentiality in a large organisation. Whilst ADF psychologists are prepared to accept that in dealing with a suicidal client there are obligations to breach confidentiality in order to protect the client there were a diversity of views when it came to dealing with dangerousness. As with their colleagues in the US Armed Forces, ADF psychologists have to deal with pressure from higher ranking military officers, who are not psychologists, to disclose information (Johnson, 1995; Orme & Doerman, 2001; Staal & King, 2000).

Confidentiality appeared to be the underlying issue influencing the relationship ADF psychologists had with their superior, non-psychologist, officers. The potential for double jeopardy (Johnson, 1995) is an issue for ADF psychologists. This can be ameliorated by educating non-psychologist military officers about the benefits and limitations of confidentiality. Discussion about ethical issues would also be of benefit to ADF psychologist as in some of the dilemmas reported there were occasions when peers and superiors who were also psychologists were either inadvertently or gratuitously breaching confidentiality (on occasion as a means of ingratiating themselves with a non-psychologist superior military officer).

Another aspect of Confidentiality from which there are lessons to be gleaned, are the areas of informed consent and advising the clients of the limitations of confidentiality. It is necessary to stress that all parties are aware of the benefits and limitations of clients’ interactions with ADF psychologists.

6.05 Competence

There was a degree of tension on the issue of Competence. This came through in the responses to the questionnaire as well as in the ethical dilemmas. Primarily these tensions related to taking on clients about whom they have no expertise,
practising in areas where they have limited training or expertise and a belief that professional development was not actively supported by the organisation. The dangers of practicing in areas beyond the psychologist’s areas of expertise or competence are self-evident. It can happen that an ADF psychologist is practicing in isolation from fellow psychologists, in remote and isolated locations, with psychologically disturbed or distressed clients in circumstances where the psychologist does not believe they have the competence to handle the client. Such a situation is highly problematic for the individual client, the ADF and the psychologist. Identifying these issues may assist the ADF, and the body responsible for ADF psychologists, to enhance the professional delivery of psychological services within the military.

6.06 Utility of each Framework for Categorising Dilemmas

The methodology and classification of ethical dilemmas chosen for this study have been widely used in studies in the US, UK and Canada, as noted earlier. This study, for the first time, used the classification methods on the same ethical dilemmas. The ethical dilemmas reported by psychologist were categorised in four ways. In doing so it was anticipated that the underlying ethical issues could be better understood and that this understanding could inform the way ethics are applied. Further research would need to be conducted to determine if any of these classification methods offer utility in understanding how ethical conflicts are resolved.

The Pope and Vetter (1992) General Categories results indicated that there were 10 distinct underlying ethical issues confronting ADF psychologists. These 10 categories were similar to those confronting psychologists practising in a wide variety of settings in the US (Pope & Vetter, 1992) and the UK (Lindsay & Clarkson, 1999;
Lindsay & Colley, 1995). Confidentiality, as it was in the other studies, dominated the ethical conflicts experienced by ADF psychologists. However, there were also some important differences from the overseas studies in the types of dilemmas reported by the respondents in this study, for example the issue of Dangerousness.

This method of categorising is perhaps of most utility when it comes to identifying the generic or broad underlying issues in situations of ethical conflict. By identifying the underlying ethical issue in this manner one is now better prepared to address the confronting ethical situation. It is not being asserted that by identifying the underlying issue that the dilemma is necessarily resolvable, but merely that the first and perhaps most important step is underway. In this regard categorising dilemmas in this generic way offers a degree of utility.

Over three-quarters of dilemmas were categorised as being Mixed Dilemmas, as described by MacKay and O’Neill (1992). In an organisational setting such as the ADF, it is not unexpected that the practice of psychology would produce ethically challenging situations in which there is the clash of an ethical principle with an external circumstance, such as an organisational demand. There were also a number of dilemmas in which clashes between two ethical principles was at issue. However, categorising dilemmas according to this method does not allow for the underlying principle or the underlying issue to be identified. The findings of this study suggests that this method of categorising ethical dilemmas does not go beyond identifying the fact that organisational demands can generate ethical conflicts, a majority of which are mixed dilemmas.

Almost three-quarters of the ethical dilemmas reported by ADF psychologists involved the APS Code of Ethics principle of Propriety. The other two principles accounted for the remainder of the categorisations when the ethical dilemmas were classified according to the APS Code of Ethics principles. In a large organisation such as the ADF, perhaps it is not surprising that such a large proportion of ethical dilemmas would involve the principle of Propriety. However, in terms of utility – for understanding and resolving ethical dilemmas - there is little fine discrimination possible under the APS Code of Ethics principle method of approaching the identification of dilemma type. Yet, the APS Code of Ethics is the primary source and point of first reference for those confronting ethical issues.

The Kitchener (1984) Core Ethical Principles method of categorising dilemmas showed a spread of the five principles across the dilemmas confronting ADF psychologists. Whilst almost one-third of dilemmas involved one principle, Justice, the remaining dilemmas were spread across the other four principles. This suggests that as a means of categorising ethical dilemmas this method offers the greatest utility of the four under consideration. Once a dilemma is identified as involving one of these core principles the approach to resolution may be more readily visible
than if utilising the other three methods.

6.07 Comments about the Current Study's Methodology

It is noted here that the findings on the questionnaire responses in this study indicated only on those issues in which there was consensus or lack of consensus, not why. Although inferences can be drawn, further research would be needed to determine the reasons for the consensus or lack thereof. The findings should also be cautiously interpreted because of the possibility of differences between self-report and actual behaviour (Sullivan 2002).

The classifications of the dilemmas confronting ADF psychologists indicate only the underlying issues of the dilemmas and the frequency of such dilemmas. The limitations of the study are such that no conclusions can be drawn about how the dilemma is best resolved, however classification and eliciting the underlying issues are the first step in such a process. Further research and replication would be useful to support these classifications.

The response rate for this research (65% of questionnaires were returned completed) was substantial. For example, Sullivan (2002) in her study of ethical beliefs and behaviours of Australian psychologists reported a much lower response rate of 30%, with almost half from two of Australia’s smaller states, and from two specialisations within the profession. Whilst the current study’s response rate was relatively high, the demographic data indicated some biases which limit conclusions that may be drawn from this study. For example, 73% of the respondents were uniformed psychologists (employed either in the Regular Army or Army Reserve), and fewer civilians employed by the RAN and RAAF responded.

The study was designed as an exploratory investigation of the nature and incidence of ethical issues confronting Australian military psychologists and as such
aimed to produce descriptive data. Additionally the skewed responses to many questionnaire items, which necessitated collapsing the responses into three categories, limited the possibility of further statistical analysis, particularly given the sample’s relative homogeneity.

This research requested psychologists to disclose issues and cases from their own experiences which were very sensitive. There may have been some reservations about participating, despite assurances of confidentiality and anonymity. There may well have been a degree of self-censorship. Although there was a high overall response to the survey, there were a large number of respondents (47%) who did not submit instances in which they experienced an ethical conflict. Nevertheless the data obtained provide an initial contribution to an area where virtually no empirical data previously existed.

The questionnaire and case-study methodology chosen for this exploratory Australian research have been used overseas in the study of ethical issues confronting psychologists. These approaches have limitations, some of which have been noted by previous researchers (e.g., Sullivan, 2002). However there are many similarities between the ethical issues and dilemmas confronting ADF psychologists and those reported in studies with psychologists (military and non-military) in the Australia, US, UK and Canada.

This study was conducted with ADF psychologists, some of whom were also military officers, and the remainder were civilians working on military premises (large and small military bases) with military clientele. Although there are many similarities to other large organisations, the military has unique features as discussed earlier. Generalising these results to the wider Australian psychologist community should be exercised with great caution.
6.08 Recommendations

Confidentiality is a difficult and troubling issue for psychologists generally and results from this study indicated that ADF psychologists find the concept problematic in their dealings with superior officers and their individual clients. Operating in an environment of ‘double jeopardy’ has the potential for placing ADF psychologists in problematic ethical situations. At the same time ADF psychologists have indicated difficulties with informed consent and with discussing the limitations of confidentiality with their clients. Further education and training in ethics with an emphasis on Confidentiality may address these deficiencies from a number of perspectives.

Being placed in situations in which they are expected to operate beyond their level of competence has been raised as an issue which needs to be addressed by the body responsible for the collective professional supervision of psychologists within the ADF.

In the context of the limitations of this study, the findings regarding Kitchener’s core ethical principles offers an opportunity for the profession in Australia to consider an alternative to the current structure and content of the APS Code of Ethics. Further research and replication of these results with a broader selection of psychologists would need to be undertaken before this occurs.

6.09 Conclusion

The ethical issues confronted by military psychologists in Australia are similar to those confronted by psychologists in other parts of the world, and similar to those experienced by psychologists in the US Military. There were issues identified in this study which have implications for practice in the ADF psychology organisation. The issues of Confidentiality and managing dangerous clients, and Competence, were
highlighted. In most of the ethical dilemmas as well as the responses to the questionnaire items there were common themes in which ADF psychologists indicated ethical discomfort, namely operating in a climate of ‘Double Jeopardy’ and with concerns regarding ‘Who is the Client?’ Confidentiality remains the most difficult issue confronting psychologists, and in an organisational setting such as the military, it continues to be problematic from a number of perspectives.

In terms of classifying dilemmas the core ethical principles proposed by Kitchener (1984) appeared to offer a useful way of classifying ethical dilemmas. The findings of this study suggests that the core ethical principles suggested by Kitchener (1984) offer a starting point for research into the form and structure of the APS Code of Ethics. There may be other principles which underlie ethical issues confronted in daily practice, especially for psychologists working in organisations.

As this was an exploratory study care should be taken not to over generalise the findings of this study. Nevertheless there are some areas identified in this study which have relevance in terms of application for the profession and the ADF psychology organisation. There are areas where consensus is lacking and where further education would be beneficial. This study suggested that core ethical principles may best capture the nature of the ethical issues confronted by psychologist. Given the nature of the sample in this study, replication with a wider sample of Australian psychologists may further inform the utility of these principles.
References


ethics cases, common pitfalls and published resources. *American Psychologist, 43*, 562-572.


Psychologists Registration Board of Victoria. (2003). *Re: Robb Stanley, PRBD (Vic)*


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<td>Questionnaire – Part Two (Qualitative Data)</td>
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<td>Ethical Dilemmas reported by ADF Psychologists</td>
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Ethical Issues for Psychological Practice in a Large Organisation

Form of Disclosure and Informed Consent

PROJECT TITLE: Ethical Issues for Psychological Practice in a Large Organisation

INVESTIGATOR: Major Glen Menezes

EXPLANATION OF PROJECT:

Thank you for agreeing to participate in this survey. This survey is being used in a research project being conducted at Swinburne University of Technology. The research has been approved by their Ethics Committee and is a key requirement for the Master of Arts (Psychology).

The survey is designed to gather information about attitudes to professional ethics. The aim of the study is to identify and categorise the ethical issues confronted by military psychologists, and thus expand the research and debate on the range of significant ethical issues in the profession of psychology.

Your responses are entirely anonymous and will remain confidential. The respective Directors of Psychology have approved the project and have indicated their full support with respect to the confidentiality of your responses.

The questionnaire should take no longer than 45 minutes to complete. Most of the questions in Phase One of the survey are answered by circling a number to indicate your response show your answer. In Phase Two you are asked to describe at least three incidents, during your practice of military psychology, in which you perceived an ethical dilemma. Wherever possible use generic descriptors, but provide as much detail as possible. Please do not identify individuals by name, in the incidents. If at any time you feel that you do not want to answer a question or do not want to continue with the survey you are free to stop.

Any questions you may have about this project, entitled "Ethical Issues for Psychological Practice in a Large Organisation" can be directed to the either Associate Professor Ann Knowles, Discipline of Psychology, at Swinburne University on (03) 9214 8205 or Major Glen Menezes, Selection Support Section - Melbourne on (03) 9282 7858.
In the event of any complaint about the treatment during your participation in this survey or any queries the researchers have not been able to address please write to:

The Chair  
Human Experimentation Ethics Committee  
Swinburne University of Technology  
PO Box 218  
HAWTHORN VIC 3122

I have read and understood the information above. Any questions I have asked have been answers to my satisfaction.

I agree to participate in this activity, realising that I may withdraw at any time.

Participant  .................................................................

Signature.................................................. date.................

Researchers.

Major Glen Menezes ............................ date.................

Associate Professor Ann Knowles...................... date.................
Ethical Issues for Psychological Practice in a Large Organisation

1. **Gender** (circle the appropriate response)
   1. Male
   2. Female

2. **Age in years**.....  ____________

3. **Highest level of education completed** (circle the appropriate response)
   1. Bachelor's Degree
   2. Honours Degree / Post Graduate Diploma
   3. Masters Degree / Doctorate

4. **Primary Service** (for psychologists with the Australian Public Service please indicate the Service which is the primary user of your psychological services by circling the appropriate response)
   1. Royal Australian Navy
   2. Royal Australian Navy Reserve
   3. Australian Regular Army
   4. Army (General) Reserve
   5. Royal Australian Air Force

5. **Please indicate your length of service** (as a psychologist), in years and months:
   _____Years ______Months

6. **States in which you are registered to practice** (circle the appropriate response(s))
   1. NSW
   2. VIC
   3. QLD
   4. WA
   5. SA
   6. TAS
   7. ACT
   8. NT
   9. Not Registered in any State or Territory

7. **Please indicate the length time of registered** (as a psychologist), in years and months:
   _____Years _____Months
8. **Grade of Australian Psychological Society (APS) membership** *(circle the appropriate response)*:

1. Associate Member
2. Full Member
3. Fellow
4. Not a member of the APS

9. **Please indicate the length of time as an APS member**, in years and months:
   
   _____ Years _____ Months

10. **Primary duties as a psychologist** *(circle the appropriate responses)*:

1. Recruiting / Personnel Selection
2. Counselling
3. Human Factors
4. Generalist (Selection & Counselling)
5. Supervisory / Administrative
6. Other ____________________________________________
   __________________________________________________
   __________________________________________________
Part One

For each statement indicate the response that most closely identifies your beliefs or attitudes using the following code:

5.... I strongly agree with this statement.
4.... I agree with this statement.
3.... I am undecided about this statement.
2.... I disagree with this statement.
1.... I strongly disagree with this statement.

|________________|_______________|_______________|______________|
|Strongly disagree| Disagree      | Undecided     | Agree        | Strongly agree|

Use the comments section provided to elaborate your responses, if necessary.

Principle I. Responsibility

1. If my philosophy were in conflict with that of the organisation I work for, I would leave the organisation:

|________________|_______________|_______________|______________|
|Strongly disagree| Disagree      | Undecided     | Agree        | Strongly agree|

Comment:

___________________________________________________________________________________
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_____________________________________________________________________

2. Laws and codes restrict my talents to function effectively as a professional:

|________________|_______________|_______________|______________|
|Strongly disagree| Disagree      | Undecided     | Agree        | Strongly agree|

Comment:

___________________________________________________________________________________
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3. I agree, psychologists should be registered to practice:

|________________|_______________|_______________|______________|
|Strongly disagree| Disagree      | Undecided     | Agree        | Strongly agree|


4. Gay and Lesbian clients are best served by gay and lesbian psychologists:

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5. Within the organisation, I am encouraged to take full responsibility for my actions:

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Comment:

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**Principle II. Competence**

6. On going professional development should be a requirement for renewal of registration and membership of the Australian Psychological Society:

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7. I would not seek out professional development opportunities if these were not mandatory for registration and membership of the Australian Psychological Society:

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8. I have been required to provide services in which I have had no expertise or training:

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9. Professional development is encouraged and supported by my organisation:

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10. Supervision is provided to me as an integral part of my day to day duties as a psychologist:

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11. The services provided by me in my current posting/position to the military are used appropriately:

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12. I feel compelled to accept a client who has a problem even if it goes beyond my competence:

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13. The training provided to me to carry out the duties of my current position was satisfactory:

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14. I have sought out opportunities for further training:

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**Principle III. Propriety**

15. I think that professional burnout may occur, depending on the type of client I work with:

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16. Once I make an assessment that a client is suicidal, it is my ethical obligation to breach confidentiality if necessary:

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17. I have broken confidence when a client has admitted planning serious harm to others:

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18. The military's needs take precedence over the civilian client:

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19. The military's needs take precedence over the service-person-client:

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20. I routinely access the psychological record of people I know:

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21. Test results of clients are widely distributed:

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Comment:

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22. Confidentiality is not as important in group work (e.g., CISM, CISD):

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Comment:

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23. I take steps to ensure that the advice I provide the organisation is reached objectively:

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Comment:

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24. It is ethical to break confidence when the partner of a client asks for certain types of information:

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Comment: ________________________________________________________________

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25. It is ethical to inform authorities when a client has admitted to illegal behaviour (e.g., domestic violence):

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<tr>
<td>Strongly disagree</td>
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<td>Agree</td>
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Comment: ________________________________________________________________

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26. My reports are available only to people who need to know:

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Section A: Assessment Procedures

27. My clients are in a position to make informed choices (about my services):

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28. The assessments I conduct are non invasive:

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Comment: _______________________________________________________

29. Clients should be made aware of their rights at the outset of the professional relationship:

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30. I am fully informed on the reliability and validity of the commonly used test batteries:

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Section B: Consulting Relationships

31. The use of para professionals (psych examiners) is a valuable and effective way of dealing with the shortage of professional help:

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Comment: _______________________________________________________

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32. It is appropriate to advertise my services:

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33. I have become attracted to some clients:

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34. Sexual contact with former clients is acceptable in some circumstances:

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35. It would be unethical for me to take on a client about whom I had strong feelings, positive or negative:

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36. I would accept a friend as a counselling client:

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37. A sexual relationship with a client is ethical if a client initiates it, and consents:

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38. Physical touching with a client is ethical if client requests (e.g., hugging):

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39. Sexual contact with former clients is always unethical:

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40. Psychologists should educate the (military) community about the nature of psychological services:

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41. It is appropriate to discuss my religious views with clients who seek a meaning in life:

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42. I keep detailed clinical notes on clients:

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43. If I were working with a client I assessed as potentially dangerous to another person, I would see it as my duty to warn the possible victim:

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44. If another psychologist were doing something I considered to be unethical, I would report it to the relevant authority:

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45. I only obtain sufficient information to make a professional judgement on a client:

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46. It is ethical to form a social (nonsexual) relationship with a client:

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47. All information disclosed by a client during an assessment can be communicated to others (i.e., to referring authorities):

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48. Confidentiality is less important in groups than it is when working with individual clients:

|________________|_______________|_______________|______________|
| Strongly disagree | Disagree | Undecided | Agree | Strongly agree |

Comment:

___________________________________________________________________________________

___________________________________________________________________________________

49. If my client is HIV-positive, I have a duty to warn all of the person's identifiable sexual partners:

|________________|_______________|_______________|______________|
| Strongly disagree | Disagree | Undecided | Agree | Strongly agree |

Comment:

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50. When it comes to protecting a child from child abuse, there are times when what is legal may not always be ethical (e.g., mandatory reporting):

|________________|_______________|_______________|______________|
| Strongly disagree | Disagree | Undecided | Agree | Strongly agree |

Comment:

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51. It is ethical to solicit for clients:

|________________|_______________|_______________|______________|
| Strongly disagree | Disagree | Undecided | Agree | Strongly agree |

Comment:

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52. If there is a conflict between a legal and ethical standard, a psychologist must follow the law:

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53. I give clients unrestricted access to their records:

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54. I always make clients aware of the limits of confidentiality at the outset of the professional relationship:

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Comment:

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Section D: Supervision and Training

55. If I became aware that my supervisor (senior psychologist) was encouraging others to behave unethically, I would ignore the situation:

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Comment:

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56. If I became aware that my supervisor (senior psychologist) was encouraging others to behave unethically, I would report the situation to the ethics committee of the APS or State Registration Authority:

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57. If I thought my supervision was inadequate I would talk to my supervisor about it:

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58. Supervision (debriefing) is required on an ongoing basis:

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59. Para professional staff (psych examiners) are aware of the ethical concepts applicable to testing and assessment:

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Describe up to three instances of an ethical conflict you have experienced as a military psychologist.

For each instance:

1. Detail why the situation was ethically problematic.
2. From what perspective are you describing the incident (direct or indirect).

<table>
<thead>
<tr>
<th>First Instance</th>
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<tbody>
<tr>
<td>1. Detail why the situation was ethically problematic.</td>
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<tr>
<td>2. From what perspective are you describing the incident (direct or indirect).</td>
</tr>
</tbody>
</table>
Second Instance

1. Detail why the situation was ethically problematic.
2. From what perspective are you describing the incident (direct or indirect).
<table>
<thead>
<tr>
<th>Third Instance</th>
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</thead>
<tbody>
<tr>
<td>1. Detail why the situation was ethically problematic.</td>
</tr>
<tr>
<td>2. From what perspective are you describing the incident (direct or indirect).</td>
</tr>
</tbody>
</table>
Ethical Dilemmas reported by ADF Psychologists

ID 01

CASE 1

These are potentially problematic, as there is a 3rd party (usually a Commanding Officer) who refers a soldier and often has a vested interest in having the soldier discharged - this has been an expectation explicitly stated to me. The dilemma becomes one of providing objective evaluation versus satisfying the wishes of the referring authority - this is made more difficult when pressure is laid to bear on your decision.

ID 02

CASE 1

Situations which have arisen on several occasions in the course of interviewing applicants for both Army Reserve General Entry and Officer positions are where the applicant admits to having used recreational drugs during the previous 12 months. In all other respects the individual is considered acceptable for enlistment. They claim that the drug use (marijuana) occurred at a party and they hadn't used previously and wouldn't again. According to Army regulations any drug use in previous 12 months should prohibit acceptance.

ID 03

CASE 1

Requests to provide assessments beyond my competence. Ethics dictate this should not be done but external pressures were severe.

CASE 2

Requests from senior officers to provide details on individuals who provided negative information in research situations. Clash of confidentiality with demand of chain of command.

CASE 3

Request to provide relaxation training to supervisor. Broaching the line between professional/supervisory relationship but not in a strict clinical sense.

ID 04

CASE 1

Counselling a friend who was also a superior officer. No availability of other (military) psychology resources in the area. Due to financial limitations, lack of psychology skills and personnel in geographic area. In the end not a problem due to
maturity of the individual and acceptance of situation as inevitable. Also supported
by referring authorities who understood situation. Overall not unethical but not good
business practice.

CASE 2

Client who I suspected was physically abusing child. Defence Community
Organisation [Social workers, with mandate to work with Defence families] was
advised. Client was very angry. No official problem. Responsibilities were clear, but
a difficult situation for a young psychologist in a small military environment where
contact with clients outside barracks is common. Also highlighted continuity of
supervision problems is geographic area.

CASE 3

Critical Incident Stress Management - advising local authorities of a service person
(not Australian) who was having difficulty and needed to be watched. Didn't really
trust judgement of medical staff of their ability to keep their traps shut. Fear of
breaching trust in Critical Incident Stress Debriefing process. Need for assistance for
individual as no close psychology support would be available and medical staff are
best placed to deal with situation. Also, difficulty in dealing with another coalition
force.

ID 06

CASE 1

I have been directed to undertake interventions which my professional judgement led
me to believe were not appropriate to the situation. The interventions are widely used
or reported on. I complied with the order but remain unhappy that on professional
matters that rank is used to squash discussion. [Superior officer in this situation was a
psychologist].

ID 08

CASE 1

Have been asked to provide details about an individual soldier from their
psychological record to the soldier’s commander. The commander was seeking to
understand why this person was an "administrative nightmare". Ethical problem
because the data collected was confidential, had been collected for the purpose of
psychological counselling and the individual had been told it would not be divulged to
anyone else.

CASE 2

During the conduct of a large scale research project into selection was asked whether
there was "anything we can use to get rid of X" in the data we had collected. This
was an ethical problem because I was being asked to provide information about an
individual person for a purpose that it wasn't collected for, the person had been told it
was being collected for particular purposes and told it would have no impact on his progress in the selection process.

ID 09

CASE 1

An ex Army psychologist, at that time a Recruiting Officer, came into the Psychology Unit and requested the psychology documents on an applicant. The person was refused access.

ID 10

CASE 1

Regimental representative on a selection board not wanting to "pass" an applicant despite all the other board members considering the person suitable - based on a past experience of the candidate by that member rather than the evidence of the performance of the candidate at the board and his military record. I was aware of the past behaviour but did not consider it sufficient to exclude him.

CASE 2

Referral by a Commanding Officer to have a soldier discharged as "not suitable to be a soldier" due to disciplinary problems. The CO exercised considerable pressure to get rid of the soldier when he is unaware of the background issues for the soldier’s behaviour (a marital break-up and the suicide of his twin brother) that had been concealed and not taken to the workplace. Even when provided with this information with the soldier’s permission he was unrelenting and I had to escalate the matter to the Brigade Commander to mollify the CO.

CASE 3

An attempt by counsel from Australian Army Legal Corps (AALC) to obtain confidential information regarding a soldier for the prosecution as part of preparation for a court martial. The confidential information would have implicated the soldier in a crime, under the Defence Force Discipline Act. However AALC were attempting to bypass the normal laws of evidence gathering, witness statements and the discovery of documents which would have resulted in their case being ruled out because of flaws in the way they collected evidence.

ID 11

CASE 1

This is a case from my direct perspective where a client was clearly depressed and suicidal. He stated that he had self-harm plans and I had grave concerns about leaving him in an unsupervised environment. Against the client’s wishes, the client was admitted (with the help of the Senior Medical Officer) to a psychiatric ward where he was kept under close supervision. The client settled down and later was appreciative
of my actions. At the time I was torn between complying with the wishes of my client and my duty of care.

CASE 2

A situation from my client’s perspective which the Commanding Officer of a unit asked me for the names of all the Service members under her command who had referred themselves to my psychology unit for personal counselling. Her stated reason was so that she could 'keep a handle on' who was having difficulties and whether there were any trends of problems arising from individual sub-units.

I declined her request, explaining that it would be a breach of confidentiality to the clients and other members would not self refer for counselling in the future if they knew (as we would need to tell them) that the CO would be informed. The CO became defensive, but did not pursue the matter. Again, this was a matter of an ethical dilemma between confidentiality with clients and meeting the needs of the Service.

CASE 3

Ethical situations frequently come up at Recruit Training where Platoon staff request psychological information about a referral who is experiencing training difficulties (eg: assimilation, socialization). Some less-than professional platoon staff can use information provided by us to set up a self-fulfilling prophesy. If an instructor labels a recruit as 'thick' on the basis of information provided by us about he/she being marginal on psychological tests, for example, the recruit is likely to continue struggling in training.

Our reports on the recruits we counsel the need to convey enough information to help the instruct as do their jobs without revealing too much of a sensitive nature about the recruit. Again a dilemma between meeting the needs of the Service and maintaining confidentiality.

ID 12

CASE 1

Marijuana usage (illicit drugs) military law makes this an illegal act - yet if I told anyone (breached confidentiality) no one (clients) would trust me. Confidentiality / professional standards here are more important than military / civil law. There is no requirement in civilian setting to disclose this. Military personnel wanted to discharge one of the members and asked me for information - obviously no information given but the drug usage did explain some behaviours [of the client].

ID 15

CASE 1
I was confronted with a case where the interviewee was a somnambulist and in the Army. The question here was whether to act in what the individual saw as his best interest which was to stay in the Service and ignore the problem or act in what Army stated in policy were it’s interest which was to discharge the member. Some elements of the ethical dilemma were whether to reveal to others what had been revealed in interview, whether to act to the individual immediate actual detriment for the potential threat his actions posed to others, whether we are acting out our responsibilities given a commitment to provide for the complete health of soldier. Ultimately a solution was recommended by a psychologist that the individual was reluctant to undertake and ran counter to written Army policy. The question then was to support the treatment recommendation if it had been judged to be in Army's interest even if it was counter to policy, and whether 'threat' of discharge.

CASE 2

The release of information to Enlistment Officers (EO) is inherently problematic. Applicants sometimes have the belief that anything told to a psychologist cannot be released to others. And yet we are instructed to release as much information as is necessary for the Enlistment Officers' to make a decision. Applicants do not know who has a legal right to information disclosed in interview. The question is whether ethical concerns oblige us to educate our applicants prior to them making sensitive disclosures. Given that, applicants make disclosures to psychologists that they don't want released to others, the question arises are to what to do if we see the EO enlisting someone because we can't reveal why we think the Army would damage the person. There is a balance to be drawn between the damage done by revealing sensitive information and the damage that is being done by enlisting the individual. These are direct incidents that occur relatively frequently.

CASE 3

I was interviewing on the first day I was exposed to the recruitment process. For this to happen there were a number of ethical problems. Firstly, I had not had time to consider the range of ethical problems which is a problem in itself. Secondly, I was trusting that the ethical predicaments had been made by others. Is it ethical to have this trust? Who is responsible if I later judge that I had been acting unethically? Thirdly, was I trained efficiently to do the job? Who had responsibility if I had made a poor decision? Who has responsibility for judging the acceptable level of training? If I was ordered to (I certainly was expected to) interview even if I didn't feel ready how far should ethical considerations had me in to insubordinate behaviour? These are only questions that arose later and most of these are 'hypothetical' to some degree so I suppose they are indirectly considered.

ID 16

CASE 1

A senior officer, not a psychologist, directed that he would not accept married personnel to a training institution. My response was to recommend people, purely on their merits, regardless of marital status. Apart from a 'look that could kill' the first time this led to a recommendation for acceptance of a married person there were no
repercussions. In fact, I think it convinced the senior officer that he could always rely on sound objective advice from me.

CASE 2

The major ethical problematic situation was a trainee with delusions of grandeur / schizophrenia early in its development phase. Because this was affecting his training success and this was apparent to others in the college (erratic training performance) I was able to get him removed from the danger in training on training performance grounds. It was, however, much more difficult to get him to voluntarily attend psychiatric assessment / treatment. This was only partially successful - diagnosis was confirmed treatment was intermittent by his choice.

CASE 3

Sexual harassment revealed in confidence. This was relatively easy to resolve by persuading the three women to speak in confidence on a Saturday morning with a senior officer who agreed not to take action which revealed his sources. The women refused to lodge a formal complaint - but the harassment was stopped, and the information they provided made it possible for the senior officer to arrange to catch the offenders in the act.

ID 17

CASE 1

Confidential information gained at interview can result in an applicant being rated as unsuitable. Ethical conflict arises as to what reasons the psychologist passes on to the recruitment officer for the rejection of the candidate for military service. Some in-confidence information has in the past been given to recruitment officers for reasons for rejection. Some of this information has been passed onto candidates. Consideration is how to use the general "lack of maturity" for example as reasons for rejection rather than being open and up front as to the "real" reasons. The candidate not knowing the "real" reasons cannot therefore do anything positive to try and overcome these deficits (if they can be).

ID 19

CASE 1

Lack of supervision by superior officer and ongoing overwork also by superior officer which contributed to psychological problems of colleague. The situation was ethically problematic because it involved a superior officer behaving inappropriately as a psychologist. The colleague requested that their problems be kept confidential because they did not want it noted (on an annual report). In addition, there was concern about colleague’s ongoing ability to handle psychological problems and their ability to function effectively as a psychologist.

CASE 2 (Direct perspective and indirect perspective).
Client revealing conflict with sexuality and belief that he was homosexual even though in a heterosexual relationship. The situation was ethically problematic because the client asked that this information not be recorded on his documentation. He did not want this recorded because of possible further applications where he may need to see a psychologist again. The conflict is an ongoing one between being a counsellor and being involved in personnel selection (i.e. numerous roles as a psychologist in Defence Force).

CASE 3 (Direct perspective and indirect perspective.)

Psychologists being requested to undertake work that they are not trained to do with inadequate or no supervision. This situation is ethically problematic because undertaking this type of work is problematic for the client and the psychologist (eg stress of not knowing what to do). In addition, it is extremely difficult to deal with because work is delegated by a superior officer (i.e. difficulty in refusing to do work because lack of training / experience) and the culture in the Army encourages the "fly by the seat of your pants" approach (i.e. generalist who can do everything, even if untrained). However, this approach does appear to be changing very slowly.

ID 20

CASE 1

I had referred an applicant for a psychiatrist's report prior to enlistment. The report came back full of personal judgements and things unrelated to the issues and recommendations that were a lot of nonsense. I had expected the referral to be conducted adequately by another professional and it wasn't.

CASE 2

Where a colleague as part of an assessment asked the applicant to do 10 push ups to test physical potential. I believe this goes beyond our brief, to engage the person in physical activity however innocent, as we are not qualified to judge actual physical performance.

CASE 3

The nature of informed consent with applicants for the military. The system seems to disempower applicants from seeking information about consent and there does not seem to be a standardised format for psychologists to inform applicants.

ID 22

CASE 1

While working in a recruiting centre, I was required to undertake a confirmatory selection assessment (required as the applicant had seen as a waiting list for more than six months) as a personal friend (not close). This situation arose because I was unaware this person was to be assessed, and there was no other psychologist available to undertake the assessment. I coped with this situation by advising the person that I
would treat the interview process as if I didn't know her, and suggested she do the same, and try not to be embarrassed. With hindsight, I realise this was not an optimal solution, and should have arranged for her to return on a different day. In the event I did not recommend her for selection. I am satisfied that my reasons for this decision were valid, but accept that the applicant may have felt disadvantaged in some way.

CASE 2

As a base psychologist, I have an ongoing problem with the Senior Medical Officer, who persists in referring clients to a civilian psychologist. I see this as problematic for various reasons: scarce funds are being expended in paying for a service which is available through my section for no fee; the RAAF has no record of these referrals, and hence member records are incomplete (with potential training, administrative and legal implications eg critical incidents); and I am concerned that these referrals are occurring for the wrong reasons (because the SMO is on friendly terms with the psychologist concerned; because the SMO appears to wish to control the referral process).

I have discussed this matter with the SMO and received assurances that the referrals are no longer occurring, only to find out unofficially that this is not true. For this reason (and the recurring loss of trust) as well as the reasons given above, I find this behaviour unprofessional and unethical. Given that the psychologist involved was formerly employed by the RAAF, she would be aware of the professional implications of accepting the referrals, yet she continues to do so. I find this ethically questionable.

I have pursued this matter with my professional superior, who is liaising with medical administration in an attempt to resolve this matter.

CASE 3

At times, I receive information from training staff which has implications for the welfare of recruits or trainees, as well as the interests of the RAAF, eg that certain instructors may advocate unprofessional training methods such as bullying or demeaning. Such information is usually obtained during casual conversations, which are not explicitly "in conference", although there may be some expectation that as a psychologist or fellow staff member, the confidence will be maintained.

I believe my responsibility to trainees, the training unit and the RAAF outweighs any loyalty to individual instructors, and therefore pass on relevant information to training management. I am careful, however, to couch this information in terms which will not unduly reflect negatively on the instructor concerned. I am also careful to select an appropriate staff member to give this information, i.e. are who will treat the matter seriously but will not overreact and are who does not have an extraneous "political agenda in relation to the instructor concerned.

ID 26

CASE 1
Client on administrative warning for drinking problem was recommended by MO to attend counselling from Psychology Unit. X referred himself and attended one session which seemed to go well. He was then advised that he would need follow up counselling. He didn’t show up to arranged counselling sessions. After several phone calls to X without success I phoned the Regimental Serjeant Major (RSM) who I had heard was trying to "manage/counsel" X in regards to his drinking problem. As I was being posted within 3 weeks and I was not convinced that X was going to manage his drinking problem, I felt I had to ensure that X was being managed professionally. If he did not seek following counselling or attend AREP [ADF in-patient alcohol treatment facility] it was doubtful that he would control his drinking and hence he would be disciplined and possibly discharged. I was also concerned about his state of depression although there was no evidence of suicidal ideation.

Decision: without disclosing information that RSM was not already aware of, made recommendations so that X would be managed more effectively by Psychology / Medical professionals.

CASE 2

Pressured to see a client who was my younger sister's best-friend. Aware that X had an "involved" past and as there were other psychologist available I did not feel it was in the clients best interest to see me for counselling. I insisted that I would not see X as I felt it was unethical. My peer felt it didn't matter and informed me that he had seen several of his peers on a professional basis with whom he socialised regularly as well. He did not see a problem with it.

CASE 3

A supervisor gave privileged information to hierarchy without informing my client that he was going to do so. I believe that my client should have been informed of the meeting and told what would be discussed and what would remain confidential. The case did include some sensitive information. Client found out about meeting and heard rumours that sensitive information was passed on to hierarchy. It turns out that information was passed by another support staff member but efforts then had to be made to regain clients trust etc.

ID 27

CASE 1

I heard another psychologist disclosing personal information to someone who certainly didn't need to know it. This is unethical as it is breaking confidentiality. I warned the psychologist and they admitted that they didn't realise the person should not be privy to that information (the person in question was a board secretary for a selection board).

CASE 2
I had a strong attraction for a client and had to be conscious of that when talking to her and making a judgement. An ethically problematic situation as an attraction could easily sway one’s judgement.

**ID 28**

**CASE 1**

I was told by another psychologist that I was required to put my signature to the allocation advice sheet when I was rejecting a candidate. I found this a problem because through interviewing I had decided this candidate was not suitable for military service and by signing the allocation sheet I would be saying the individual was suitable through Psychology testing for certain areas of the military. I still do not sign sheet.

**CASE 2**

A candidate applying for General Entry (ARMY RESERVE) told me that he had very recently attempted suicide. I probed the candidate for more information however I did not establish if he was seeking any help for his situation and I did not advise him to. After the candidate left the interview I became concerned about his well being and thought that I may have not fulfilled my duty of care. I told the CO of my unit who took the problem on and conducted further investigations.

**ID 31**

**CASE 1**

Request for information re a client when I had not requested consent explicitly to pass the information on the information was passed on, as it was to be used to advise the client (in their best interests) and the client was no longer available to obtain consent. [typed as written]

**ID 32**

**CASE 1**

Family member and friend were applying for Officer Training. I was tempted to provide them with some minor coaching. But in the end I decided against it on grounds of ethics and my own Service obligation and responsibilities.

**CASE 2**

Wrote a psychology document up after 4 weeks had elapsed (interview commentary component). I didn't believe that I should let this happen despite being very busy.

**CASE 3**

Interviewed when I felt quite ill and didn't believe I did as good a job as I could have.
ID 33

CASE 1

A senior officer wanted to see all [psychological] files on a soldier. I saw this as a problem, ethically, as the client had been advised that our sessions were confidential. Breach of client confidentiality was the problem here as was loss of client confidence. Conflict was breach of confidentiality versus disobeying an order.

CASE 2

Client asked to socialise with me at a later date. Saw this as a direct contravention of both (1) professional code of ethics and (2) personal division of professional and social life. Not really an ethical problem in that I didn't lose any sleep over it. Saw a direct response was the best way to handle it.

CASE 3

Friend admitted to physically striking her son in fits of anger. Boy was a child. The dilemma was my need to act in accordance with duty-of-care (professionally and personal responsibility) and the fact that the person was a friend not a client.

ID 34

CASE 1

Prior to the introduction of mandatory reporting I interviewed a girl who informed me she had been the victim of sexual abuse by her step father and that she knew her younger sister was still experiencing this abuse. I very strongly wished to intervene but was advised by my CO (psychologist) that this was not our responsibility as the girl was merely applying for a job. I have regretted that decision ever since and would now deal with the issue very differently (i.e., discuss help with the client, inform relevant civilian authorities, etc.).

CASE 2

I was once asked to undertake an assessment of a young man who had caused a fracas in an Officer's Mess. Because this individual was also a recently graduated pilot the view was expressed that he may not be suitable for flying duties (he had also graduated bottom in his class). When I assessed this fellow I could find no evidence of any underlying psychology problem and wrote a report to that effect. I then received phone calls from various senior Officers (in his chain of command) about my decision. One of the people attempted to pressure me to change my decision. The decision remained unchanged.

CASE 3

While interviewing General Entry clients for the Army I had the very unusual experience of interviewing a full blown manic client who kept me engaged in the flight of his ideas for over an hour. It was quite apparent he was not suitable for the
Army, but he was reluctant to leave my office because he had no money and nowhere to go. He brought out a box from his bag and removed a small crystal figurine which he asked me to buy from him. Despite my protests he would not leave my office and actually begged me to help him out. I eventually gave him $10 and he left me the figurine. It wasn't until later that I discovered a small birthday card inside the box addressed to a young girl. I now have to add the purchase of stolen goods to my list of sins.

**ID 35**

**CASE 1**

I interviewed an Army Reserve (General Entry) candidate late on a Tuesday night. It was very clear from the interview that the candidate was emotionally disturbed / depressed, bordering on suicidal. I (obviously) rejected the candidate on Psychology grounds, however was very concerned about the effect that being rejected would have on this fellow. I approached my superior, who advised me that this was not our problem - we were employed purely to make recommendations on suitability. I felt it was my obligation to at least contact the candidate's parents and see that he got picked up okay - as he was catching public transport. I guess my ethical dilemma was "who is the client?" and "what is within my job role?". I still believe I had an ethical responsibility, as I felt this person may have been suicidal.

**CASE 2**

I was approached to provide some counselling for a female cadet, in regards to sexual harassment. During the first interview it became obvious that the person whom had been pursuing her sexually was somebody with whom I had previously been involved with many years before. The situation was strikingly similar, except that she was a minor and not consenting to the "attention". The ethical dilemma is quite obvious! and quite complicated. Although I attempted to remain impartial, it was difficult not to "feed" her more anger than she was already feeling (i.e. my anger). Also, it was not appropriate for me to continue the counselling, yet this young lady had formed rapport with me. Further, nobody else in the Unit was available and/or had the expertise to undertake the counselling!

Ethical dilemmas: (1). How to tell the client I cannot continue ?
(2). Do I continue, as nobody else is available?

**ID 38**

**CASE 1**

A probationary psychologist under supervision was passing on details of clients to friends (non-psychology) within the organization, without a 'need-to-know', as a means of endearing him/herself to others. While the details were not, as far as I was able to ascertain, of a 'psychologically sensitive' nature, the material was clearly meant to amuse by belittling the client. Unfortunately, one of the staff to whom she/he was relating this information was my own senior officer, who was believed (again unsubstantiated) to have had an 'affair' with the probationer. The senior officer was also a friend of mine. Despite counselling/debriefing, the probationary
inappropriate behaviour continued (undermining the integrity of our professional role), and the supervision and employment contracts were terminated. As you can imagine, this did little for workplace relations between Psychology and non-psychology staff.

CASE 2

When beginning a new job straight from university I was 'ordered' to conduct a counselling case. I had no experience in this form of counselling, and had touched on it only lightly in my own reading. I explained that I did not feel competent to take on this case, that I had very little training in counselling (and frankly no interest in the field), and that I thought it was improper for me to see the person (and therefore imply 'expertise' in an area in which I had none). My superior informed me that it was her intention that all of her staff had to be cross-trained as generalist psychologists, and the best way to learn was by doing. Eventually, the issue arose during an informal chat with my Deputy Director who supported my decision on ethical grounds.

CASE 3

In a similar vein to the previous incident, my on-job training and supervision in personnel selection interviewing was simply an observation of two interviews conducted by my superior, then being thrown into an '8-per-day' workload.

Continuation training involved being subjected to my superior's anecdotal rule-of-thumb on the use rating scales, ridicule of the senior psychology personnel, research efforts and staff, and her very unfavourable impressions of the uniformed personnel with whom we worked.

ID 40

CASE 1

I had to break confidentiality and report homicidal intent to the member's unit. I was called in to assess a soldier who'd been admitted to the medical centre after displaying suicidal ideation. Confidentiality issues were explained to him but he still expressed a desire to kill a member of his unit (he had also told his Platoon Commander of his intentions). On advice from my superiors I informed his unit.

CASE 2

I had to examine my own values and decide whether I was capable of seeing the client. A soldier was referred to me for stress management counselling (only) after being accused of child abuse. He was being assessed by Family Services as well and 6 police charges were being laid. I liaised with Family Services and specified my involvement which precluded me from becoming too involved in the legal procedures. He wanted me to counsel his wife too however I sought the assistance of DCO for this. I found it difficult at times listening to the soldier's account but not enough to warrant me ceasing the counselling process.

CASE 3
System requirements versus confidentiality issues with regard to sexual harassment and my own feelings on this subject. A soldier reported being sexually harassed over 12 months ago and being sexually assaulted prior to enlistment. She was adamant that she didn't want me to report it (initially). At a later date she did report it without my knowledge to her superiors who wanted her to take action. She asked my advice on this and part of me wanted her to pursue it because she had been the victim of unfair and inappropriate treatment. However objectively she wasn't emotionally robust enough to cope and didn't want to pursue it despite unit pressure. So I discussed the "pro's and con's" with her and let her make her own decision which was to let it go.

**ID 42**

**CASE 1**

I was informed by another member of psychology corps that unethical procedures were taking place within their unit. This involved the changing of test scores for applicants whom the testing psychologist (senior to the informant) considered to be "a good sort". Rather that 'compensating' the applicant, the raw scores were raised falsely, so that they passed the initial test battery. I considered the ramifications of this to be highly detrimental to the psychology corps and the applicant. It struck me as undermining some of the very basic principles on which our profession stands. As the informant had initially asked that I kept this in confidence, I struggled with it ethically. I asked him/her to act on this immediately and inform their CO. They said that it would be detrimental to their career because everyone in the unit knew about it and it would be considered to be "rating" I gave them 1/52 to act or I would inform my CO. I found this situation to be difficult ethically.

**ID 45**

**CASE 1**

Psychologists providing services for which they are not qualified (eg, clinical, eating disorders, drug abuse). Ethical problems arise from creating expectations on part of organisation and/or individual that solutions will be provided, whereas the practitioner has neither the competencies or experience to do so. Have perceived organisation pressure on psychologists to accept cases where they are not qualified and a "can do" attitude on the part of some practitioners (or refusal/inability to decline a request).

**CASE 2**

Pressure from organisation to accept a workload that is excessive. Ethical consideration is whether the individual client is receiving a professional service. Time pressures may preclude adequate consideration of relevant factors or of appropriate interventions. Sometimes a poorly-provided service will do harm to a client. Have had pressure applied to take on unrealistic workload. Have resisted successfully (but not easily). Have seen others in similar positions. The more junior a psychologist is, the more difficult it is to resist pressure, yet there are the practitioners with least experience to offer.
CASE 3

Refusal/reluctance to refer a client to another person or agency. Pressure comes from organisation to reduce costs or from individual practitioner having belief in their own competency that is not, in fact, true. Ethical issue is one of effective service to a client. Organisation sometimes gives impression of wanting to be seen to helping a member without accepting the resource implications of providing such help. Have been placed in a position of being asked to provide a service "on the cheap" rather than an effective service to help a client in the longer term.

ID 46

CASE 1

Client sent to me not knowing her Divisional Officer had given me a copy of a letter she left on the computer network that she didn't know he had. The letter related to claims he was sexually harassing her. It was ethically problematic because she did not know true reason for referral.

ID 48

CASE 1

A recruit is referred for psychological assessment due to motivational difficulties. During assessment/counselling, the recruit disclosed committing an offence, involvement in what appears to be armed robbery. The recruit is not motivated towards continued service in the army and may be using this information to gain discharge. There is no substantiation of the offence. The recruit with counselling may continue to train and become a satisfactory soldier. The situation is problematic in that if information is disclosed to area commander it will probably result in discharge proceedings - irrespective of civil charges. If not discharged/reported the recruit may prove to become a satisfactory soldier but a criminal offence cancelled.

CASE 2

An applicant (General Entry) is interviewed and during the process information if gathered that he works as a flying instructor for an organisation that trains military pilots. The applicant presents as stressed, indicates anxiety, depression as a result of pressures associated with his job. He also values the job very highly and has sought this position for some time prior to gaining the job 5 months ago. The applicant is assessed unsuited (Reject (Personality) for Army Reserve General Entry due to anxiety/stress and non-coping behaviour. Subsequently, during informal discussion with the medical officer, the applicants hypertension and risk of heart attack is known. While the applicant was not accepted for mil service (Reject (Personality) and Medical), there is a consequence of error due to the applicants position as a military flying instructor. Should the organisation be informed of both psychology and medical aspects. If this were to occur, his employment would almost certainly be at risk both short term and long term as a flying instructor.
CASE 3

Military base training recruits for ARA. Psychology unit provides information on recruits and other service personnel referred to Psychology. Area Commander requires details and reason for referrals and outcomes. This is presented to Area Commander and Senior staff at weekly meetings. The information presented is factual and does not breach Psychology in confidence concerning details. The distribution is limited to senior staff and other professionals, medical, dental, training. This situation is ethically acceptable. Change in meeting format is made by Area Commander to include Chaplains, NCO training staff and administrative staff. Ethically Psychology is of the view that provision of information on specific recruits referred to Psychology, and particularly staff referrals is ethically unacceptable when made available widely. NCO training staff may infer incorrectly when recruits are directly under their command. Also, Chaplains may intervene inappropriately (as happened). From direct perspective, it is requested that Psychology information on referrals be restricted to "need to know" basis and not presented at meetings including all staff.

Outcome: Restricted meeting of senior staff convened for presentation to Psychology information

ID 51

CASE 1

A client required psychiatric intervention but didn't want the military to know because it would affect his career. Problematic because once this is on medical records he is under scrutiny - his career is affected - he loses any privacy and risks discharge. This is not conducive to treatment, trust or confidence in the system.

CASE 2

Occurs regularly. When I am seeing a client for self referral - I have concerns about recording detail on records. I am afraid that in a future assessment the organisation may use this information and that the information would be used against the interests of the client. Ethically problematic because I should record sufficient detail on file for future self referral however I think there is a significant risk that the information will be used for other purposes.

CASE 3

Opposite instance (2). I dislike performing assessments because I have access to self referral information that can add to my assessment, that can colour my judgements, but that in my opinion, should not be taken into account. I am pushed by some people to consider this information i.e.: the military is my client, not the individual. I think our self referral function should be separated from our selection assessment function and that the two sources of information should be retained separately. This would mean that service members could trust us.

ID 52
CASE 1

Early in my career I had a couple of cases whereby clients stated they were homosexual - at the time it was against the Defence Force Discipline Act (DFDA). My superior stated the need for me to breach client confidentiality and inform divisional staff. This did not actually occur as the clients informed Navy personnel themselves.

CASE 2

Same as instance one, but pertaining to drug usage. I explained their breach of the DFDA and convinced them to make their own admissions to relevant Naval services.

CASE 3

A client indication possible involvement in satanical cults. Drug usage, and selling was also involved. Unbeknown to me at the time there were already police investigations under way. Duty of care; harm to others; etc could all have become serious issues.

I advised the client of my concerns and that from a professional viewpoint that I needed to disclose information to relevant Naval sources. The client did give me permission to do so. I had a 'consent to release' form signed by the client and believe this stopped the potential for this becoming a case of conflict. Many situations arise like this is the counselling setting, but I have always been able to gain permission from the client to release information as required. In conjunction with Navy Legal Services I had a 'consent to release' form designed and always have clients sign this when these situations arise.

ID 56

CASE 1

One time I was interviewing a male candidate for Army Reserve General Entry and it became clear to me during the course of the interview that there was a strong possibility that this candidate was gay and in a gay relationship. The situation posed an ethical problem for me because it made me realise I held certain biases. There was no reason to reject this person but I hesitated because of his sexual preference - I did accept him for entry into the Army Reserve but I didn't feel good about it.

CASE 2

Some candidates lead such busy lives with work and hobbies that sometimes you have reason to believe that this candidate doesn't have time for Army Reserve training and commitments but there are no valid grounds for rejection.

ID 61

CASE 1
In 1993 I was the subject of a complaint from a Defence Signals Directorate (DSD) applicant that I discriminated against her on the basis of her marital status and gender. Whilst in training I was taught to ask certain questions which are allowed for military selection processes but are apparently not allowed under the guidance of the Public Service Act (PSA). I was unaware that DSD selection was subject to the PSA, and was certainly not made aware of it during my training. Was I in the wrong for asking questions about the opinions of the applicant's significant others in relation to the application? Technically I was; however considering the nature of DSD employment, even if I was aware of the PSA requirements. I still would have asked the same questions. The ethical dilemma therefore was should an Act of Parliament prevent me from doing my job efficiently?

CASE 2

Whilst in a counselling situation, a member of the Army revealed to me that he committed an act which under the terms of the Geneva Convention, would be considered to be a war crime. He withheld medical aid to a wounded POW whilst serving with another military force. The POW subsequently died. The ethical conflict was: he just admitted to a serious war crime, however it happened a number of years ago and in another country, thus collecting evidence would be extremely difficult, should I report it? In the end I did not report it to anyone, rightly or wrongly.

CASE 3

In another counselling situation a serving member alleged that prior to enlistment, he committed a murder which went undetected by the authorities. It is possible that he made the allegation to portray himself in a certain light to me, but what if his allegation was true? Should I have reported the allegation to the relevant authorities and breach the confidentiality of our therapeutic relationship. In the end, I did not report the occurrence, as I thought that it was based on hearsay only. I could not encourage the member to come forward himself, as he has left the area.

ID 62

CASE 1

In a training establishment, a female client described a situation where a number of fellow trainees would came to her room and request sex. She was fairly unclear about her consent - she indicated she didn't want this to happen but had taken no action to avoid it and in fact kept a supply of condoms to facilitate it all. My problem was - has there been either a crime or a breach of Defence Instructions committed here? What would be the consequences if I did disclose? I chose not to disclose and my case notes are cagey about detail. I did discuss it at length when my superior and received that person's support for my position.

ID 64

CASE 1
This is an area I am about to confront as opposed to having dealt with. It involves the conflict of interest with being a psychologist and being directly involved in the interrogation training. This involves providing advice to the interrogator on how best to exploit the individual under interrogation. Is it 'misusing' our professional competencies? On the face of it, it can contravene our supposed role as a caring, sharing, empathic profession. It may also have repercussions should you work with that individual and have the propensity to counsel them. Another issue is the dual role of the psychologist in the exercise. One is a 'safety' psychologist to observe and possibly halt proceedings if they believe it has gone too far. The other is that described before. This will inevitably mean that the safety psychologist will be 'publicly criticizing' that psychologist.

CASE 2

It involved seeking a variety of opinions on the same administrative case - suitability for further service, the psychologists themselves were all in the same Military Region being both ARA and Army Reserve. There were no other opinions to seek and as such the psychologist's views on the member contrasted. Therefore it was up to the supervisor of these members to make the last call. Is it ethical for a supervisor to contradict the opinion of a member in this way?

CASE 3

A fellow psychologist of equal rank stopped a selection interview mid-way through and made the client sit in a waiting room whilst they answered a phone call (personal). It was completely unethical (not to mention un-professional) to not let this individual be given the same consideration as other applicants and it almost implies to the client that she was less important than a phone call. It was up to me to confront this psychologist and question their professional competence in this regard.

ID 65

CASE 1

Required to give evidence in a legal environment about a client - concerns about confidentiality aspects of relationship but also concerned that information I provided may have been instrumental in "attributing blame" for an occurrence. Additionally, providing such information in a public setting would be detrimental to my future ability to work with clients - confidentiality/disclosure issues would have been of concern to client. Legally I was compelled to provide evidence or would be in a situation of contempt.

CASE 2

A regular problem from a referral perspective is deciding who is the client. Sometimes what may be in the best interests of the military and 'vice versa'. Referring authorities can, at times be quite intrusive and often don't act in the best interests of the 'soldier'. When advice is provided it is often ignored which is detrimental to the well being of the individual. Client had exhibited suicidal tendencies and was likely
to be discharged for admin reasons. It was recommended that he return to the barrack environment and be actively employed awaiting outcome of admin action. He was responding positively to counselling. Unit considered him dangerous and wanted to place him in detention. The soldier was confined to barracks while remainder of unit went on stand down - he had no peer or social support and was ineffectively managed - further suicidal tendencies were exhibited which I professionally do not believe would have happened if he had been managed in the unit. Difficulties of not having your recommendations followed when you believe unit actions are inappropriate.

CASE 3

In discussing ethical issues I think it's interesting to explore differences applicable to different psychology discipline (eg, clinical versus organisational). Consider exploring issues of primary and secondary client. Current APS ethical guidelines, in many areas, are not applicable to the organisational psychologist. My understanding is that they were developed primarily for the clinical psychology. Within a military framework's simply socialising at the Mess could be considered unethical as were may be socialising with our primary client who has referred a soldier (the secondary client). In this context one could argue about who is the primary and who is the secondary client. Just some food for thought that reflects some of my responses to questionnaire.

ID 66

CASE 1

Client disclosing drug usage (Marijuana) during counselling for alcohol abuse. A difficult client to establish rapport/trust with and already at risk of going AWOL. Conflict due to uncertainty as to whether or not report drug usage as almost 100% certain this would undermine any progress made with the soldier and cause him to go AWOL. Initially did not report him, but undertook measures to stop drug usage as part of counselling.

CASE 2

Family members seeking assistance in personal problems and possibly psychological problems. Difficulty in managing the line between providing normal family support while not falling into 'counsellor/therapist' mode. Situation complicated by safety/well being concerns for children involved. Family members finally convinced to enter external counselling.

CASE 3

Psychology officer [a] peer making statements/providing advice to others which I regarded as inappropriate beyond requirements of providing information to staff members and [thus] breaching psychology-in-confidence. Problem is stopping the person while not undermining her authority - also a problem as a peer and [there was] no other direct chain of command in the area. Problem eventually discussed in informal manner with person and monitored.
ID 69

CASE 1

Under supervision I was required to do an assessment which then led to counselling. Eventually I had to write another assessment on his suitability for service which I did, saying he was unsuitable (which I still believe). I do not believe that I should have been put in this dual role. The counselling relationship was destroyed. A most unsatisfactory situation. Whilst there are ways to overcome potential dual role conflict, if you are not in a digital role, it can be avoided.

CASE 2

Saw a service member for counselling who then was posted into the work area. She appeared to take advantage of the rapport between us to gain advantage in the work place. She spoke openly about her counselling to other staff members (which is her right). The ethical dilemma was - do we continue counselling? - De we lay different ground rules?

Case 3

Disagreement with other professionals regarding a persons safety and/or harm to others. This is always a difficult one which relies on your own established credibility and communication skills.

ID 70

CASE 1

* Troubled interviewee displaying many problems - same problems also on CAQ
* Army states: no counselling (AAPSYCH Corps directive)
* Army states: interview to decision and move on

DIRECT ISSUES

Problems
- Duty of care
- Counselling needed urgently
- Not leaving an exposed client "debriefed"
- Not enough time
- Could ignore other dangers (eg Julian Knight)
- Not allowed to Follow-up
- Not allowed to help.

ID 71

CASE 1
An applicant was being interviewed, and during the course of the interview it became clear that he was the stepson of a family member’s partner. This made it difficult because of the risk of a dual relationship. However, it was not entirely clear that he was "related" to the psychologist in this way, and the interview was well under way. The interview was continued, as it was clear that the app was unsuitable, and so the outcome was not in doubt.

**CASE 2**

An applicant came in for testing [psychological assessment for recruitment into ADF] who was an ex-client of the psychologist. This again causes problems of dual relationship - the psychologist had access to information (which was given in confidence at the time), which may have unfairly discriminated against the client. The answer was to have her interviewed by another psychologist.

**CASE 3**

One psychologist takes written notes which are illegible. This means that all record of intervention / interview are not accessible. Should there be a history of suicide or threat to others which requires follow up, this information is not available. There are numerous other ethical implications regarding this.